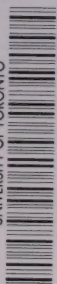


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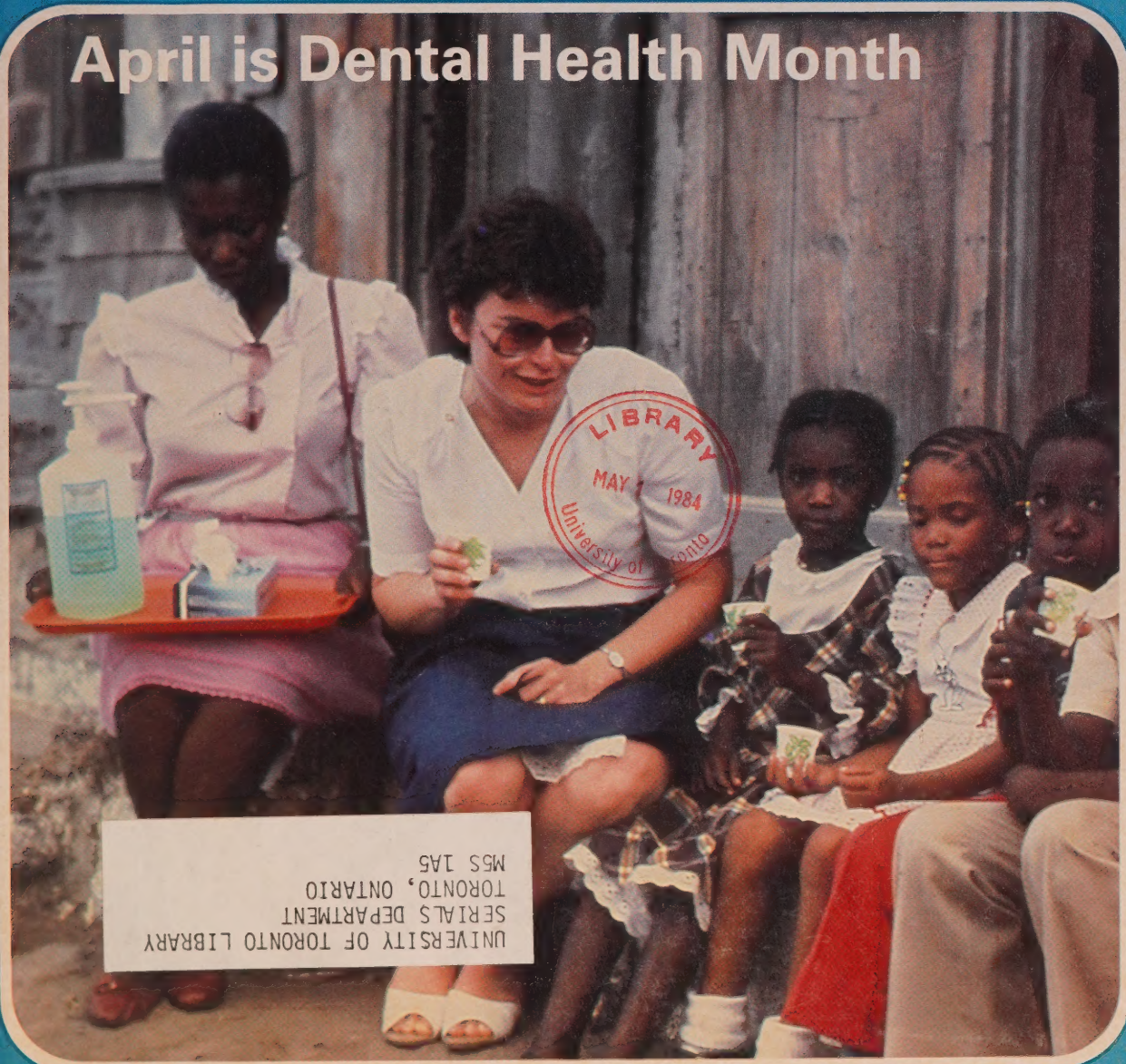
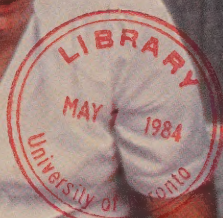
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SPRING 1984 PRINTEMPS

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contents/contenu

COVER STORY

The Canadian Dental Hygienists' Association president, Mary Pelletier, was part of a dental team sent to St. Kitts/Nevis for two weeks in the fall of 1983 to deliver dental health education and assist in establishing a fluoride mouthrinse program for the islands' schoolchildren.

Pelletier and project director, Dr. John Blackmer, visited 26 elementary schools meeting with teachers participating in the program, delivering oral hygiene instruction, and demonstrating the fluoride mouthrinse procedure that 6,000 schoolchildren between the ages of 6 and 12 would be enrolled in.

The project was supported by the Canadian International Development Agency, the Canadian Dental Association, and the Province of New Brunswick.

staff/l'atelier

Editor/Redacteur en chef
Stephanie Nagle
3767 Victoria Avenue
Windsor, Ontario N9E 3L7

Publisher/Editeur
Advertising Manager/
Gérant de la publicité
J.S. Woloschuk
Controlled Publications

Subscriptions Manager/
Gérant des abonnements
Controlled Publications
680 E.C. Row,
P.O. Box 1029, Station "A",
Windsor, Ontario N9A 6P4

Advisors/Counseillers
Joan Voris, 3589 Osler Street,
Vancouver, B.C. V6H 1M3

Marjorie Dimitri
1606 Ayleslynn Drive,
Vancouver, B.C. V7J 2T3

Louise Gosemick
8078 De Lorimer,
Montreal, Quebec H2E 2P9

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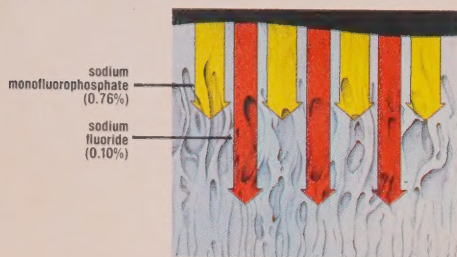
How Colgate's two fluoride formula achieves more complete remineralization resulting in nearly double the cavity protection of a single fluoride formula.*

A major role of fluoride in cavity prevention is to accelerate the process by which demineralized enamel is rebuilt.⁽¹⁻⁴⁾ This reverses white spot lesions which would otherwise become cavities.

Today's Colgate is the first toothpaste with two fluorides—sodium monofluorophosphate at 0.76% and sodium fluoride at 0.10%. Their differing molecular structures mean that these fluorides may work in different ways in tooth enamel. The result at these concentrations, is more complete remineralization of white spot lesions than either can achieve alone.

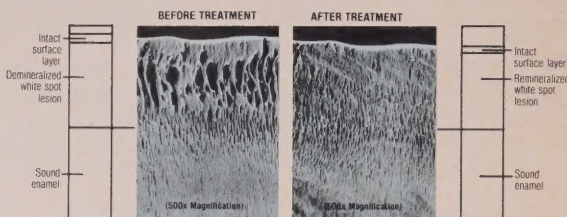
Why these two fluorides remineralize more completely.

It has been postulated that fluorides reach white spot lesions by penetrating enamel through the interprismatic spaces. Sodium monofluorophosphate, being a larger molecule, reacts with enamel primarily at the surface of a white spot lesion. Sodium fluoride, a smaller molecule, penetrates deeper into the lesion.



Working at different levels, the two fluorides may complement each other, enhancing remineralization over a greater area of the lesion than a single fluoride* alone.

This complementary action means more fluoride is available to enhance remineralization over a greater depth of the lesion, than is provided by either fluoride alone.^(5,6)



This more complete remineralization has been demonstrated in laboratory studies,⁽⁷⁾ and can be seen in the following photomicrographs above.

Clinical studies show nearly double the cavity reduction.

Colgate with this two fluoride concept was tested in a three year clinical study.⁽⁸⁾ The results—Colgate's two fluoride formula provided 27.0% reduction in new caries versus 13.8% for the single fluoride positive control* (DMFT).

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*Sodium monofluorophosphate (0.76%)

REFERENCES

1. Silverstone, L.M., Proc. Roy. Soc. Med., **65**, 906, 1972.
2. Koulourides, T., et al, Ann. N.Y. Acad. Sci., **131**, 771-775, 1965.
3. Von Der Fehr, F.R., et al, Caries Res., **4**, 131-148, 1970.
4. Levine, R.S., Brit. Dent. J., **138**, 249-253, 1975.
5. Slater, P.J., et al, Abstract No. 72, ORCA Conference, July 1982, Ann Arbor.
6. Hayes, H., et al, J. Dent. Res., **61**(4), 541, 1982.
7. Harvey, K., et al, J. Dent. Res., **61**, 243, 1982.
8. Hodge, H.C., et al, Brit. Dent. J., **148**, 201-204, 1980.



* Colgate Toothpaste contains sodium monofluorophosphate and sodium fluoride which are, in our opinion, effective decay preventive agents and are of significant value when used in a concentratedly applied program of oral hygiene and regular professional care. Canadian Dental Association

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comment

The Advancement of Knowledge: One Step Towards Professionalization?

An appropriate definition of the dental hygiene profession in Canada might be that dental hygiene is a developing health profession. According to Canada Health Manpower, the number of dental hygienists in Canada increased from 746 to 3,924 between 1970 and 1980. Based upon the 1979 Canada-wide survey of dental hygienists undertaken by Professor Don Lewis and colleagues, more than nine out of ten licensed dental hygienists have a diploma level education, only 2.3% have a university degree and 6.5% have taken some form of unspecified graduate work. In spite of the rapid growth of our emerging health profession, we must clearly view dental hygiene as a field of practice without a common research base. In any field, research is necessary to enlarge the knowledge base and to develop the technology. Consequently, from its beginning, the development of scientific progress in dental hygiene has been all but inhibited.

One of these priorities should be to define a research orientation for the dental hygiene profession. To do so we have different models coming from other health professions, namely physical and occupational therapy and nursing. In any case, it is important to carefully analyse different opinions on how dental hygiene research should be pursued, for it will determine the direction dental hygiene researchers will take in the future.

Two distinguished researchers, Professor Michele L. Darby from the United States and Doctor John Stamm from Canada, served as conference leaders at the Conference on dental hygiene research, held in Winnipeg, Manitoba, in the fall of 1982. Both exposed different views on how to develop research in dental hygiene.

Professor Michele Darby suggested the development of a dental hygiene theory as an orientation for research by dental hygienists. Dental hygiene theory can be defined as interrelated concepts basic to dental hygiene that can be used to systematically explain approaches to dental hygiene care and predict the outcome of that care. This theory provides a body of knowledge which can be used to guide and direct the practice of its member. The nursing profession has gone through a similar evolution towards professional maturation; nursing views itself as representing one discipline and is advocating research based on that discipline.

Doctor John Stamm discussed whether dental hygiene is a discipline with inherent theory to be discovered by research or whether dental hygiene is an area of dental care, a topic for study that can and should be investigated using a variety of existing disciplines.

According to Doctor Stamm, the fundamental question is whether or not the area of study described as dental hygiene is part of the discipline of dentistry or can be considered as an independent discipline with an inherently different set of theories. His personal views are that dental hygiene research would be best served by concentrating on rigorous graduate training in disciplines outside of dental hygiene, and then applying this training to dental hygiene research.

In trying to deal with the two different orientations, we must take into consideration the fact that in Canada very few dental hygienists have developed a capacity for quality research. We must be realistic in our evaluation of the quality of work in research that can actually be performed by Canadian dental hygienists.

Both orientations have advantages and disadvantages. In the short-term, Doctor John Stamm's proposal of concentrating dental hygiene research on rigorous graduate training in disciplines outside of dental hygiene is more easily accessible. PhD programs in various disciplines related to dental hygiene practice are available in Canada, while there are no existing PhD dental hygiene programs. However, in the long-term, Professor Michele Darby's proposal seems a better way to establish the dental hygiene profession. Ideally, one would hope it would be possible for the dental hygiene profession to carry out both kinds of research, simultaneously. Nevertheless, we must keep in mind that the theoretical purpose of research is the advancement of science which will sometimes, but not always, lead to the acceleration of professionalization. □

Diane Lachapelle Harvey

Diane Lachapelle Harvey,
Dip. D.H., B.Sc., M.Sc.
Ecole de médecine dentaire
Université Laval



"Bruce the Moose" visits Atlantic provinces' continuing education day

"Bruce, the Dental Health Moose", played by health educator, Mr. W. Wood, showed hygienists from New Brunswick and other eastern provinces that the more imagination and creativity injected into a dental health lesson, the better. Thirty-six dental hygienists attending a continuing education day last fall in St. John's, New Brunswick, learned about communication techniques for patients, classes, and groups which were developed through drama, role-playing ("pretend you're a good snack like an egg salad sandwich"), games ("dance to the song Floss is the Boss"), magic tricks, and imitation.

Wood is employed with the

Ministry of Education, State of Maine and has held workshops and school assembly programs for teachers, school children, and health professionals about dental health, nutrition, and sex education. Wood has been received enthusiastically by people from Maine to Hawaii. He has visited a few Canadian cities and plans to present a seminar in Newfoundland in April.

At the close of the workshop, the 1983-84 CDHA executive council introduced themselves and Mary Pelletier, CDHA president, presented slides from the '83 conference on the coast, held in Vancouver, B.C., where she was installed as our 21st CDHA president.



Pat Johnson, recipient of two major gerontology awards.

Ontario dental hygienist recipient of major awards

An Ontario dental hygienist is the recipient of two major educational awards. Pat Johnson, currently enrolled in a master's program at the University of Toronto, has been awarded a research personnel training award from the National Health Research and Development Program, and one of five advanced student bursaries awarded by the Gerontology Research Council of Ontario. The purpose of the GRDO bursaries, amounting to \$4,000.00 each, is:

"to encourage and enable students to enter into the field of gerontology, increase research competence and participate in the development of new knowledge."

Research personnel training awards are offered by N.H.R.D.P.

"to encourage and support the creation and development of a Canadian cadre of highly competent research investigators ... in the furtherance of its broad objectives embracing the promotion, presentation, maintenance and restoration of the health of the residents of Canada."



The '83-'84 executive council stand with "Bruce, the Dental Health Moose". From left to right are: Sharon Milroy, treasurer; Trucy McAvity, secretary; Bill Wood, Bruce the Moose; Mary Pelletier, president; and Audrey Newcombe, first vice-president.

Newfoundland sends first male director to the CDHA board

"I enjoy being part of the decision making process and being aware of the vastly different scopes in dental hygiene across Canada", says Henry King, Dip. D.H., the first male provincial director to sit on the CDHA board of directors.

"My first exposure to a director's meeting was, to say the least, a genuine educational experience, and I am looking forward to the next meeting with great enthusiasm".

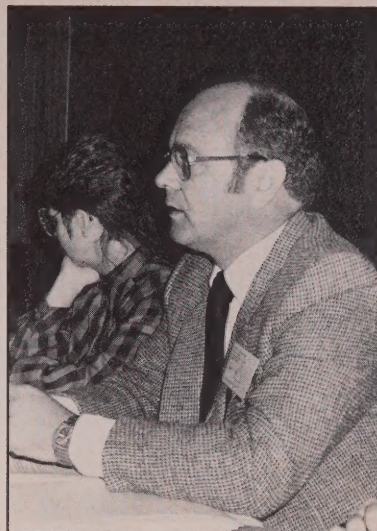
Besides being the only CDHA director for Newfoundland (representation on the board is based on provincial members — each province is allowed one director for every 100 members), King is the president of the Newfoundland Dental Hygienists' Association (NDHA). Last year, 75% of the Newfoundland hygienists were CDHA/NDHA members and, while King hopes for 100% membership this year, he believes that maintaining their membership from last year and increasing it by two or three

members would be a more realistic goal. As of January 1984, NDHA membership stood at 15 out of a possible 22.

"It is not completely clear to me why the dental hygiene profession is predominantly a female occupation", reflects King.

"I suspect it is the result of the original expansion of the dental assisting occupation, which was entirely female, into an intro-oral auxiliary. At the present time I am actively involved in the recruitment of potential dental hygiene candidates for Dalhousie University. Naturally I am emphasizing that this career is not limited to females".

In addition to his responsibilities with CDHA and NDHA, King is the department head in the Dentistry Department at the Dr. Charles A. Janeway Child Health Centre in St. John's, Newfoundland, where he oversees the day-to-day managing of dental services as well as delivers expanded duty dental hygiene clinical services.



"Our profession is just now developing to its full potential and will require strong, courageous, compassionate, and devoted leadership in the years to come", says Henry King, Newfoundland director.

Attention, all dental hygiene students

The CDHA announces its second student journalism competition. The purpose of this contest is to stimulate ideas, improve communication, and most of all increase your involvement in the advancement of your profession. It is our belief that the journalism contest offers substantial benefits not only to you but also to the profession as a whole. We urge you to accept the challenge!

ELIGIBILITY:

- the participating student must be a member of the CDHA
- participants may submit as many papers as they wish

DEADLINE FOR ENTRIES:

- All papers must be postmarked no later than June 30, 1984

GUIDELINES: 3 CATEGORIES

- 1) community dental health
- 2) clinical practice
- 3) preventive dentistry



JUDGING:

- send manuscripts to:
Lise Thom
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A panel of judges will be selected and judging will be done on a scale of 1 to 5 in the following categories: subject, documentation, research, statistics, application to dental hygiene, reader interest.

PRIZES:

- \$100.00 will be awarded to the best paper in each category.

- the judges reserve the right to withhold award in a particular category if suitable papers are not received.
 - publication of manuscript in the CDHA JOURNAL.
 - papers become the property of the CDHA.
- Good Writing!

Community dental health newsletter to start

Community health dental hygienists and other dental professionals interested in community health who would like to receive a community dental health newsletter should send their name and home or office address to Ms. Sharon B. Amer French, Advisor, Dental Health Standards, Health Services Directorate, Department of National Health and Welfare, Ottawa, Ontario, K1A 1B4. You are welcome to add the name and address of a colleague to be included on the mailing list. The newsletter is free of charge and is available in English or French.

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First Canadian dental hygiene class reunites

Members of University of Toronto, Dental Hygiene Class of '53 from left to right: Diane Street, Calgary, Alberta; Frances Olin, Toronto, Ontario; Vira Jones, Chatham, Ontario; and Joan Cressey, Vancouver, B.C., receive honorary diplomas at the President's Luncheon held in conjunction with the '83 CDHA Convention. Ruth Graham, Dundas, Ontario, was unable to attend.

Dental hygiene research Conference follow-up

A follow-up of dental hygienists who participated in the Conference on Dental Hygiene Research, (September 30 - October 1, 1982 in Winnipeg) has revealed wide-research-related activities. Twenty-seven of the 42 conference participants responded to a request for information. Respondents indicated being active in the following areas: (numbers in parenthesis refer to numbers of respondents; for some activities many respondents reported more than one project) active participation in one or more research project (16); attendance at one or more research conferences (8); research oriented Masters degree completed (2); research-oriented masters or doctoral program commenced/con-

tinuing (6); taking research-oriented courses, not related to graduate degree (3); one or more research proposals submitted (13); research articles accepted for publication/published (5); research articles submitted for publication (awaiting response) (4); abstracts for papers/poster sessions submitted (3); supervision of dental student research (1); and recipient of research scholarship/fellowships (1). Future plans reported by respondents include planned attendance at specified research conferences (8); plans for specific future articles and research projects (5); and plans to enter a masters program (1). Only four of the 27 respondents have not been active in research since the Conference.

St. Clair College Grad wins Journalism Contest

Kathy Truesdale, an '83 graduate of St. Clair College, Windsor, Ontario, is the winner of our first Student Journalism Competition. With no previous writing experience, Kathy wrote an excellent essay on nutrition for the geriatric patient.

Kathy had to write an essay for her nutrition course and she decided to send it in, thinking she had as good a chance as any to win. Kathy feels it was worth her effort to send her essay in, and hopes that all students will make an effort to support this special incentive which is offered to them through the Canadian Dental Hygienists' Association.

As part of her prize, Kathy's article will be published in *The Canadian Dental Hygienist/ l'Hygieniste Dentaire du Canada*. CDHA also awarded her a cheque for \$100.00.

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Educators learn to apply marketing concepts in managing their dental hygiene programs

Sheryl Feller, Dip. Dent. Hyg., M.B.A., facilitated the second annual Canadian Dental Hygiene Educators seminar held in Vancouver, British Columbia on September 25, 1983. Twenty-nine educators and invited guests participated for all or part of the day.

Marketing Defined:

Marketing was not defined as selling, advertising, or promotion, but Feller suggested that the essence of marketing was identifying consumer needs, wishes, and wants, then attempting to satisfy those needs, wishes, and wants.

The group was asked to identify what their (educators) product is and to whom they are marketing it (that is, who are the consumers whose needs they are attempting to satisfy).

The group identified that educators have several products:

1. graduates (and their skills, knowledge)
2. the profession itself
3. oral health
4. programs (curricula, etc.)

The consumers (target markets) for each of these products are:

1. dentistry (employers)
2. the public
3. the students

By identifying the various product/market definitions with which educators must deal, the group clearly identified the complexity and difficult nature of the tasks they perform. Feller pointed out that most non-profit organizations have complex mandates and they are characterized as having:

- multiple publics (clients, funders, etc.)
- multiple objectives
- services rather than goods
- public scrutiny

and that these characteristics also describe dental hygiene programs.

Marketing Problems of Dental Hygiene Educators

Each small group was asked to identify and discuss some of the problems they are currently facing which would be called marketing problems. The following list summarizes the problems which were identified:

1. high attrition (drop out rates)

2. recruitment and admission procedures which result in the selection of the "wrong" students
3. fewer jobs for graduates
4. educating dentists about dental hygiene
5. educating the dental team
6. educating the public (inadequate consumer demand/inadequate support for hygienists)
7. teaching hygienists how to get and use public support
8. the need for an educators forum like AADS where all educators (dentistry, dental hygiene, dental assisting, dental technology, dental therapy) and those interested in education (government employees, consultants) could participate
9. the need for interaction (educators, consumers, government, private organizations)
10. program administration and management (coping with the bureaucracy, the politics, within an institution)
11. dental hygiene is not a true profession according to some definitions
12. justifying (and starting) baccalaureate programs

These problems very explicitly indicated the need for a seminar on marketing to suggest how marketing strategies can be helpful to dental hygiene education concerns. The problems were examined to determine if some were symptoms rather than problems. (For example, a high drop-out rate is a symptom of an underlying problem: inadequate or improper recruitment, selection, and/or orientation procedures.)

The problems were examined to see which could be characterized as demand problems.

"Actual market demand can be above, below, or equal to the demand level that an organization desires", explained Feller. "The organization then tries to influence the level, timing, and character of demand in a way that will help the organization to achieve its objectives".

Feller went on to explain that the tasks involved with any demand situation involve research, analysis, and the development of a strategy.

"The first task is to find out what's going on? What's the situation and why? The symptoms must be sorted out from the underlying problems."

"For example, if a dental hygiene program wants to find out if employers are satisfied with their graduates, the program must identify what information it needs and how that information will be gathered. The University of Alberta, School of Dental Hygiene, surveys of private practitioners and of hygienists illustrate this process."

"When the relevant information has been gathered, the next task is to develop a strategy or strategies by assessing the environment (opportunities and problems); assessing the organization (strengths and weaknesses); and defining the organization's mission and a plan of action."



"Marketing is not selling, advertising, or promotion. These activities are only part of the process — the essence is identifying consumers needs ... then attempting to satisfy those needs," explains Sheryl Feller, facilitator of the '83 CDHA Educator's Workshop.

Feller noted that these general steps of research, analysis, and strategy formulation can be applied to any of the problems, marketing or other, that are faced by dental hygiene educators.

Defining the Product of a Dental Hygiene Program

Before looking at the various products of a dental hygiene program and how these can be defined, each individual was asked to participate in the following silent role play.

"Imagine you are a dentist, any kind of dentist (specialist or general practitioner), starting a new practice. You are considering whether or not to have a hygienist on your staff and you ask yourself:

1. Why do I want to hire a dental hygienist?
2. What do I want her/him to do in my practice?
3. What do I want a hygienist to bring to my practice?
4. What characteristics do I want her/him to possess?"

Question one ("Why do I want to hire a dental hygienist?") relates to the *core product*: what the consumer is really seeking, the underlying need. The core product of cosmetics has been defined as hope. The core product of a university is job marketability.

Questions two and three ("What do I want her/him to do in my practice? What do I want a hygienist to bring to my practice?") were meant to elicit a description of the *tangible product* (the styling, features, quality, branding, and packaging of a product). The tangible products of a university include lectures and professors.

Question four ("What characteristics do I want her/him to possess?") was designed to capture ideas about the augmented product, the additional services and benefits that might be offered (delivery, credit, after-sale service, installation, and warranty).

Feller pointed out that every product has these three levels: core, tangible, and augmented. The levels, as they apply to the dental hygienist, were then discussed in the small groups. Each group compiled their responses and presented their definition.

The core level or reasons a dentist should hire a hygienist included: to provide a fuller range of

services to clients; to increase income; to provide better quality and quantity of services; to improve patients' general dental health; to free up the dentists' time; to facilitate rapport between dentistry and the public; and to coordinate office management.

The tangible level or a description of what the hygienist would do and bring to the office included: full range of legally delegated duties; patient motivation techniques; ideas for practice growth; computer programming skills; advanced periodontal skills; experience; public relations skills; and practice administration abilities.

The augmented level or desired characteristics for a dental hygienist included: effective team member; enthusiastic; mature; good interpersonal skills; efficient; sense of humour; sincere; reliable; honest; committed to life-long learning; intelligent; flexible professional.

Product Development

The facilitator showed that it is inadequate to merely define a product and that the product must be developed to meet the needs of the market place.

"If the product is our educational programs, the development process involves two broad phases: ASSESSMENT and IMPROVEMENT. In educational settings, the development process may be known as a program review, curriculum review, or self-study. This type of assessment will examine the various definitions of our product: the graduate and the curriculum. This process is part of the strategy phase mentioned earlier. Strategic decisions generally involve risk and often are not easy, for example, deciding to discontinue a course or a program".

Feller described the preliminary decisions which must be made when planning to examine a program.

1. What aspects of the product will be reviewed? A review can be comprehensive or selective. What are the specified objectives of the review?
2. How will the review be conducted? Task forces, committees, or consultants are all alternatives. One mode might be to use a steering committee with several sub-committees. Each

sub-committee would have specific terms of reference, would develop its own approach to data gathering, and would submit a report to the steering committee. The steering committee would then use these reports to prepare a final report with recommendations..

3. Who will be involved in the review? Students, faculty, dentists (employers), and consumers. (Representatives from other departments could also be included).
4. What will be the outcome of the review? Generally, the outcome will be a report with policy and curriculum recommendations.

New product development was not discussed, but Feller pointed out that the process is important for educators as it can be applied to the development of new educational programs.

"Ideas for dental hygiene include part-time programs, programs designed specifically for other dental auxiliaries, and degree programs".

Issues, Future Directions

The final activity of the seminar was the discussion of four questions.

- How important is "definition" to the portability problem?
- Do dentists perceive differences between university and community college graduates?
- What can educators do to promote the dental hygienist as a professional?

After discussion of these questions in small groups, each group presented their opinions and agreed that these questions need further research.

Seminar Evaluation

Participants felt that the workshop effectively integrated marketing principles into dental hygiene education issues and offered a concrete format with which to deal with some of these problems. Several participants felt that a two-day workshop designed for all dental hygiene educators is needed. Topics suggested for future workshops included: managing change in the coming decade; portability, clinical teaching; teaching strategies specific to dental hygiene; patient recruitment; and clinical evaluation techniques. □

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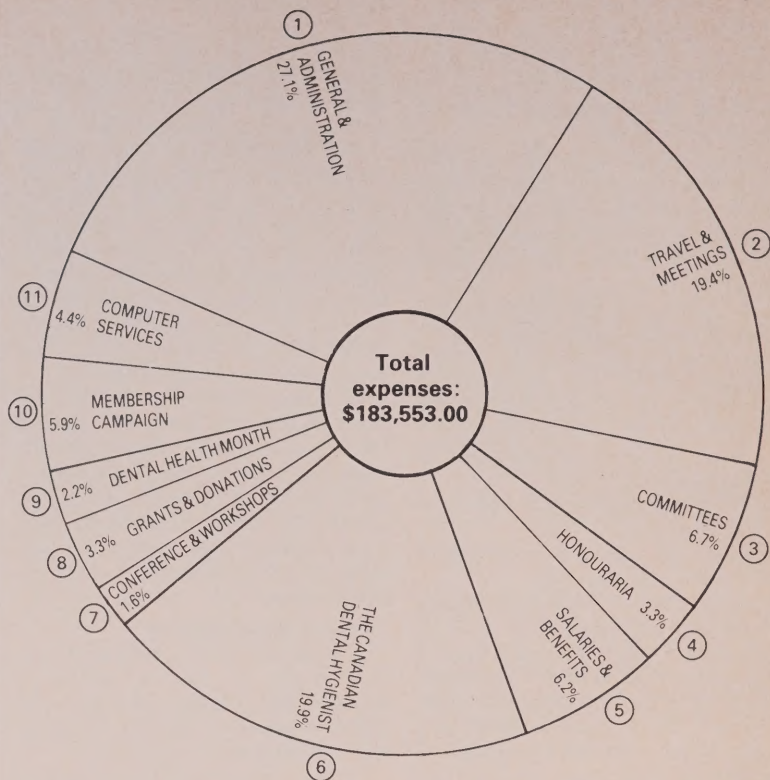
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School of Dental Hygiene
Dalhousie University,
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What Dental Hygiene Students Think About Notetaking in Lectures

Carol Carrier, Ph.D. and
Kathleen J. Newell, R.D.H., M.A.

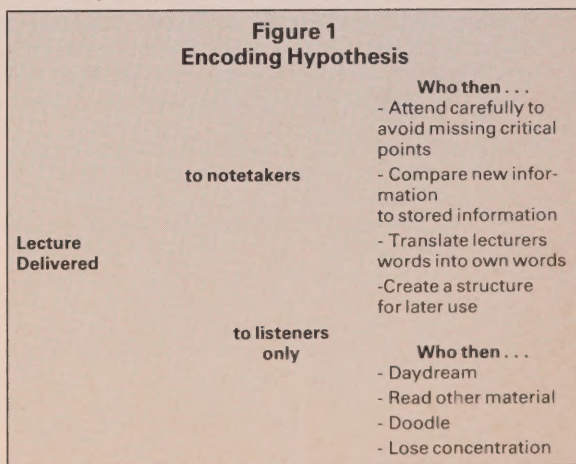
During the past 15 years, researchers have systematically examined how students take notes and whether notetaking during lectures leads to better performance on examinations. Perhaps no study strategy would be more staunchly defended by students and teachers alike than that of recording notes while listening to lectures. Asking students to surrender their notebooks and pens at the beginning of a lecture is likely to incite a minor uprising. Instructors too would be uncomfortable because most have grown accustomed to viewing a roomful of students busily recording information as a sign that students are actively engaged in learning from the lecture.

From a purely technological perspective, notetaking seems archaic. Inexpensive duplicating procedures make it feasible for instructors to provide students with copies of detailed lecture notes. Students can record a lecture on audiotape and listen to it again and again. But despite these conveniences, notetaking continues to be practised in most college lecture courses^{1,2}

One major hypothesis investigated in many studies is that notetakers would learn more than non-notetakers because the former are more actively engaged in manipulating incoming information. Ladas discusses this "encoding hypothesis" in terms of current perceptions of human information processing³. Initially, the learner must be motivated or aroused to selectively attend to the to-be-learned information. This aspect of information processing is referred to as "orienting stimuli." Orienting stimuli are illustrated by specific and general behaviours of lecturers designed to focus student attention on the lecture and to increase student motivation to attend to the lecture. The lecturer might move to the podium and assume a particular posture which indicates to students that s/he is ready to begin. Or, s/he might pose a provocative question or tell a humorous story to lead into the lecture. If the lecturer succeeds in arousing student attention and interest, students will be more likely to display appropriate "orienting responses" such as putting aside the newspaper, taking out a notebook, and preparing to record information.

As the lecture is delivered, the serious notetaker engages in another aspect of information processing, one which Ladas calls "search and associate." This means that the notetaker will attempt to link the incoming information with what s/he already knows. Because even the most effective notetaker is capable of recording only a small proportion of the lecture, s/he must constantly decide what to record and what to let go by. If the incoming information is very familiar, the notetaker likely will choose not to record it. If it is a complex concept or idea, s/he may record it verbatim rather than in a paraphrased form because of insufficient time to analyze or relate it to stored knowledge.

In general, information processing models view learners as active agents who are constantly selecting, transforming, and integrating new information within their current networks of knowledge. From this view point, the act of recording what the lecturer presents helps the student process incoming information at a deeper level. Figure 1 illustrates this hypothesis of the encoding effects of notetaking.



Other viewpoints hold that notes are of value largely because they provide a permanent record of ideas from the lecture and that having this record available is more important than the possible encoding activities

which might take place during the recording of notes. From this perspective, the real benefit of notes lies not in the taking but in the subsequent review of them. Figure 2 depicts this external storage hypothesis.

Figure 2 External Storage Hypothesis		
	Typical Activities During Notetaking	Typical Activities During Review
Lecture	- Record information in rote, verbatim fashion	- Review and rehearse information
is	- Copy, but do not react to or process information	- Rewrite notes in own words
delivered	- Record as much as much as possible without discriminating between essential, non-essential information	- Compare prior knowledge with new knowledge

To test which model best explains the effects of notetaking, a number of studies have compared conditions which allow students to take their own notes with ones in which students are prevented from taking notes but are given the lecturer's notes to review after the lecture⁴. If a major benefit of notetaking is to facilitate active encoding of information, taking notes for oneself should be more facilitative than simply reviewing notes compiled by someone else. However, if the utility of notes rests mainly in their external storage capacity, personally encoded or externally provided notes should be equally useful if the information contained within each is equivalent.

A study by Fisher and Harris is representative of how this issue has been examined⁵. They employed five treatment groups each of which combined a notetaking strategy (i.e. took notes versus did not take notes) with a review strategy (i.e. reviewed own notes versus reviewed lecturer's notes versus mental review). While review of some type was useful under both notetaking conditions, subjects who were allowed to both generate and review their own notes scored higher on both an immediate free-recall test and a delayed objective style test than any other group.

Thomas offered several non-notetaking groups a lecture summary to review, while others reviewed only their own notes or their own notes in addition to the summary⁶. Even though the members of the lecture summary groups had more information units available at review time than the average notetaking group member, they recalled less. Although the notetakers did not record the same quantity of lecture content as was available in the lecture summary, some aspect of the recording process, the rehearsal of personally coded material or both, helped these students retrieve more information at the time of recall.

Other factors which may further explain the effects of notetaking and notes review are the perceptions and attitudes of the individual notetaker. The student who refuses to take studying seriously may take very different notes from the one who believes his/her

exam grade will depend on the quality of his/her notes. Few studies were located which have actually queried notetakers about their perceptions of the notetaking process and those which did typically asked only a few questions as a followup to participation in an experiment^{7,8}. The purpose of the current study was to investigate the attitudes and beliefs of students toward taking and using notes. By assessing such attitudes, the importance of notetaking, from the students' perspective, could be determined.

METHOD

Subjects

Forty-eight students enrolled in the first year of a two-year dental hygiene certificate program at the University of Minnesota served as subjects in the study. All were females between the ages of 19 and 28. Forty-two percent of the students had completed one year of college prior to entry and 38% had completed two years. This pre dental hygiene education was completed in a variety of resident and nonresident community, state, and university settings. Subjects entered the dental hygiene program with an average G.P.A. of 2.69 (out of a possible 4.00).

Instrument

The 58 item notetaking survey contained items related to seven conceptual themes. Forty-six of the items employed a five point, Likert type scale ranging from "Strongly Disagree" to "Strongly Agree". The remaining 12 items used a four point scale with Never, Sometimes, Usually, and Always as the four options. Items related to Theme 1 (see Table 1) assessed general attitudes toward various instructional practices. Theme 2 (see Table 2) tapped respondents' feelings about reviewing notes. Theme 3 (see Table 3) represents a collection of items about assumptions regarding notetaking. Theme 4 (see Table 4) contains items which deal with different aspects of examinations. Items in Theme 5 (see Table 5) might be thought of as indicators of confidence. Theme 6 (see Table 6) assesses the encoding aspects of notetaking, whereas, Theme 7 (see Table 7) examines typical practices that students follow when they take notes.

Procedure

The notetaking survey was administered to the dental hygiene students during an orientation program. Respondents were told that they should not write their names on the survey. They were instructed to complete each item by circling the most appropriate response. Sufficient time was provided to enable everyone to carefully complete the survey.

Results

For the items which employed the five point scale, the means, the standard deviations, and percentages of respondents indicating either agree or strongly agree were calculated and are reported in tables according to theme. For the 12 items employing a four point scale, the frequencies for each category are reported.

Theme 1: General Instructional Preferences

These items tapped students' general attitudes toward various instructional methods. Students seemed to like lecture courses somewhat more than

lab courses. Slightly more than one-third of the sample indicated strong positive feelings toward studying. Though approximately two-thirds indicated that they liked to work with small groups on projects, fewer felt positive toward working with others on assignments. Perhaps these students preferred to trust themselves more than others on graded assignments. Notetaking was seen by three-fourths of the sample to be a habit, while an even higher percentage rated it as an important study strategy.

TABLE 1

General Instructional Preference
of Dental Hygiene Students

Item	$\bar{X}$	s.d.	% Sample Indicating Agree or Strongly Agree
I like working on projects with small groups	3.77	.778	68.8
Prefer to work with others on class assignments or projects	3.31	.829	37.0
I prefer to work alone on class assignments or projects	2.90	1.02	20.8
I enjoy studying	3.10	.905	37.5
I like lab courses	3.44	.897	54.2
I like lecture courses	3.63	.606	68.6
Taking notes is a habit with me	3.83	.753	75.0
Notetaking is an important study strategy	4.00	.684	81.2

Theme 2: Review of Notes

These items examined attitudes toward reviewing notes. Students in the sample were in agreement that review of notes was important. More than 90% said that review was the major reason for taking notes and 85% believed their notes helped them perform better.

Students saw value in the personal encoding aspects of notetaking as well as in the external storage value. They were not convinced that reviewing notes from someone else was as useful as reviewing personally encoded notes (60% disagreed or strongly disagreed). Approximately half of the sample, however, indicated they would find it useful to review other students' notes. Reviewing notes was not seen as a good substitute for attending lectures or reading.

Theme 3: Assumptions

These items reflect assumptions that students hold about teaching and learning practices. Most students in this sample strongly believed that lecturers expected students to take notes, but fewer felt strongly that all students should take notes. Most agreed that main points should be recorded, while less than half felt strongly that as much as possible should be noted. Nearly half of the sample agreed with the notion that there was not a single correct way to take notes. It was interesting to determine that almost two-thirds of the sample felt that lecturers speak too quickly.

TABLE 2

Dental Hygiene Students' Attitudes
Towards Review of Lecture Notes

Item	$\bar{X}$	s.d.	% Sample Indicating Agree or Strongly Agree
Taking notes is important because I can review them	4.13	.672	91.7
As long as I have good notes to review I can miss lecture	1.98	.729	6.3
I can learn as much reviewing classmates' notes as my own	2.40	1.086	16.7
I rarely look at my notes once I've taken them	2.06	.810	6.3
Reviewing my notes helps me perform better in lecture class	4.10	.627	85.4
I like to add things to my notes when I review	3.83	.930	75.0
Spend as much time reviewing notes as reading assigned readings	3.48	1.238	62.5
Find it useful to use other students' notes	3.42	.942	56.3
Take notes so I won't have to read	1.71	.504	0

TABLE 3

Dental Hygiene Students' Assumptions
About Teaching and Learning Practices

Item	$\bar{X}$	s.d.	% Sample Indicating Agree or Strongly Agree
Lecturers will expect you to take notes	4.17	.859	79.2
Lecturers speak too quickly	3.75	.863	64.6
Main ideas are most important	3.94	.633	85.4
All students should take notes during lectures	3.85	.825	66.7
No one way of taking notes is better than another	3.25	1.212	47.9
Important to include as much information as possible	3.31	.134	45.8
I would prefer not to lend my notes to others	2.94	.755	20.8

Theme 4: Attitudes Toward Exams

These four items queried students about perceptions and practices surrounding examinations.

This sample of students appeared to be a conscientious group when it came to preparing for exams. No one in the sample indicated that s/he rarely studied for exams, and less than one-third reported

TABLE 4
Dental Hygiene Students'
Attitudes Toward Exams

Item	$\bar{X}$	s.d.	% Sample Indicating Agree or Strongly Agree
Like exams which require selecting correct response	4.10	.831	83.0
Like essay exams	2.33	1.059	16.7
I cram for exams	2.83	1.038	27.1
I rarely study for exams	1.35	.483	0
If it weren't for exams, I wouldn't take notes	2.36	.956	14.6
Notes are helpful for exams which require written out responses	3.75	.786	70.8
Notes are most helpful in studying for exams which don't require long written responses	3.69	.854	62.5
Taking notes helps me do better on exams	4.06	.561	91.7

that they crammed for exams.

Students clearly believed that notetaking played an important role in examination preparation and performance, regardless of whether the exam was an objective or constructed response type exam. Over 90% of the sample agreed that notetaking improved performance on exams. With respect to the favoured form of examination, objective exams were viewed far more favourable than essay exams.

Theme 5: Perceptions of Competence

These items are grouped together because they reflect feelings of competence related to notetaking. Responses to these items suggested that most students felt fairly competent about their notetaking

TABLE 5
Dental Hygiene Students' Perception
of Notetaking Competence

Item	$\bar{X}$	s.d.	% Sample Indicating Agree or Strongly Agree
I am a good speller	3.83	1.078	70.9
Other people are better than me at taking notes	3.38	.981	43.8
I would like to take a course to teach me study skills	3.48	.899	54.2
I find it difficult to take notes from most lecturers	2.71	.824	22.8
I have had one or more teachers review my notes	2.13	.937	12.5

skills, even though very few indicated that they had ever received feedback on their notes from instructors. Less than half agreed that others were more skilled at taking notes. On the other hand, more than 50% agreed they would like to take a course to improve their study skills. Few students indicated that they found it difficult to take notes and more than two-thirds agreed that they were good spellers.

Theme 6: Perceptions of Value of Notetaking

Items related to Theme 6 assessed respondents' judgements that notetaking enhances processing during encoding. The responses indicated that most believed that notetaking helped them attend to and make better sense of the lecture.

All respondents agreed that they "almost always" take notes in class and only 2.1% agreed that they take almost no notes or just listen. Less than half agreed that they would prefer to be given lecture notes. Few thought that notetaking interfered with understanding the lecture. In fact, about half the respondents agreed that their minds wandered if they did not take notes.

TABLE 6
Dental Hygiene Students' Perception
of the Value of Notemaking

Item	$\bar{X}$	s.d.	% Sample Indicating Agree or Strongly Agree
Taking notes while listening is important - helps me make sense of . . .	4.09	.739	91.7
Makes me think about what lecturer is trying to say	3.69	.903	76.0
Taking notes is useful for organizing	4.15	.714	81.2
Taking notes interferes with understanding lecture	2.65	.934	16.7
If I didn't take notes my mind would wander	3.19	1.179	50.0
Would prefer if lecturer would give notes	3.23	1.196	45.8
I take almost no notes in lectures	1.42	.613	2.1
I almost always take notes in lectures	4.58	.498	100.0
I just listen to lecturer rather than take notes	1.63	.761	2.1

Theme 7: Typical Behaviours During Notetaking

Theme 7 items assessed typical behaviours during notetaking. Earlier research on notetaking reported that students recorded items that the lecturer wrote on the chalkboard. Responses from students in this sample confirmed these earlier findings. More than 97% of the students indicated that they usually or always recorded chalkboard or overhead transparency information. Underlining or starring appeared to be favoured approaches to highlighting important information.

TABLE 7
Typical Behaviours of
Dental Hygiene Students
During Notemaking

Items	$\bar{X}$	s.d.	Never	Sometimes	Usually	Always
Doodle or draw pictures	1.69	.657	39.6	54.2	4.2	2.1
Write down examples	3.23	.627	0	10.4	56.3	33.3
Write down things on blackboard	3.63	.531	0	2.1	33.3	64.6
Use an outline	2.13	.761	16.7	60.4	16.7	6.3
Write in margins	2.46	.683	4.2	52.1	37.5	6.3
Record lecturer's exact words	2.35	.863	14.6	45.8	24.2	10.4
Use different markers, pens	2.17	.859	18.8	56.3	14.6	10.4
Notes to myself	2.31	.748	8.3	60.4	22.9	8.3
Use a pencil	1.48	.684	60.4	33.3	4.2	2.1
Complete sentence	2.00	.799	27.1	50.0	18.8	4.2
Underline or star	3.48	.652	0	8.3	35.4	56.3
Use my own words	2.54	.771	4.2	50.0	33.3	12.5

Notetaking "how to" manuals often suggest that the notetaker not record examples; but, in this sample, 89% of the students indicated that they usually or always recorded examples. Students reported recording the lecturer's words about as often as they use their own words.

Conclusions

For the dental hygiene students surveyed in this study, both the encoding and external storage functions of notetaking are perceived as important. Respondents indicated that notetaking improved the quality of listening by helping them better organize and make sense of the incoming information. Respondents were equally enthusiastic about the value of reviewing notes in preparation for examinations. They did not perceive notetaking as a substitute for other activities such as reading or attending lectures, but they believed that reviewing their notes improved their performance on examinations.

Such strong belief in the efficacy of notetaking as a study strategy on the part of students suggests that instructors should design their teaching environments to aid students to take the best notes possible. The following recommendations suggest ways to meet this goal.

- Collect and review students' notes periodically to provide students with feedback on the quality of their notes.
- Provide ten or 15 minutes at the end of each lecture to allow students to review their notes and ask for clarification of inadequately noted points.
- Use the chalkboard and overhead transparencies judiciously. Students tend to record everything the instructor writes down on these media.
- Use verbal or visual highlighting devices to help students discriminate between essential and nonessential information.
- Record lectures on audiotapes so that students who have difficulty taking good notes can listen to the lecture again.
- Provide a training session to help students who have not learned good notetaking strategies (e.g. how to abbreviate frequently used words). □

About the authors:

Carol Carrier is an Associate Professor in the Department of Curriculum and Instruction in the School of Education at the University of Minnesota, Minneapolis, Minnesota 55455. Her special areas of interest are the effects of individual differences on student learning strategies. She is currently President of the Research and Theory Division of the Association for Education, Communication and Technology.

Kathy Newell is an Assistant Professor and Administrator of the Bachelor Degree Program in Dental Hygiene in the Department of Dental Auxiliaries at the University of Minnesota, Minneapolis, Minnesota 55455. She has served on numerous professional committees at the state and national level and has served several offices in the Minnesota Dental Hygienists' Association. Her areas of interest include student individual differences and professional/ethical decision making.

References:

1. Carrier, C. and Titus, a. The effects of notetaking: A review of studies. *Contemporary Educational Psychology*. 4, 299-314, 1979.
2. Ganske, L. Notetaking: A significant and integral part of learning environments. *Educational Communications and Technology Journal*. 29, (3), 155-175, 1981.
3. Ladas, H.S. Notetaking on lectures: An information processing approach. *Educational Psychologist*. 15, (1), 44-53, 1980.
4. Richards, J. Notetaking: Theory and Research. *Improving Human Performance Quarterly*. 8, (3), 152-161, 1979.
5. Fisher, J. and Harris, M. Effects of notetaking and review on recall. *Journal of Educational Psychology*. 65, (3), 321-325, 1973.
6. Thomas, G. S. Use of student notes and lecture summaries as study guides for recall. *Journal of Educational Research*. 71 (6), 316-319, 1978.
7. Norton, L. The effects of notetaking and subsequent use on longterm recall. *Programmed Learning and Educational Technology*. 18, (1), 162-169, 1981.
8. Hartley, J. and Davies, I. Note-taking: A critical review. *Programmed Learning and Educational Technology*. 15, (3), 207-224, 1978.

self assessment test

Elements of Occlusion

1. The alignment of the dental arches is maintained by
 - a) contact points
 - b) transverse occlusal curve
 - c) curve of spee
 - d) labial inclination of teeth
 - e) centric relation
2. Open bite is a term applied when
 - a) there is a localized absence of occlusion while the remaining teeth are in occlusion
 - b) there is an abnormal buccolingual relationship of teeth
 - c) torsoversion is present
 - d) there is excessive vertical overlap of the incisors
 - e) none of the above
3. Overbite is
 - a) expressed as a percentage and is a vertical measurement
 - b) expressed in millimeters and is a vertical measurement
 - c) expressed as a percentage and is a horizontal measurement
 - d) expressed in millimeters and is a horizontal measurement
4. The horizontal distance between the labioincisal surfaces of the mandibular incisors and the linguoincisor surfaces of the maxillary incisors is called
 - a) overjet
 - b) overbite
 - c) underbite
 - d) end to end bite
 - e) labioversion
5. A parallel terminal plane is present in the deciduous dentition if
 - a) there are no primate spaces
 - b) there are no primate spaces in the mandible, but they are present in the maxilla
 - c) there are primate spaces in both arches
 - d) there are no primate spaces in the maxilla, but they are present in the mandible
 - e) the mandibular "e" has been lost prematurely
 - f) a and b
 - g) a and c
 - h) a, c, and e
6. To determine Angle's classification of occlusion when all first permanent molars are missing, look at the permanent
 - a) central incisors
 - b) second molars
 - c) lateral incisors
 - d) cuspids
 - e) second bicuspid
7. In centric relation
 - a) the mesial surfaces of the maxillary and mandibular central incisors are aligned along the midline of the face
 - b) the condyle is in its most posterior position
 - c) intercuspation is maximum
 - d) the overbite is between 20-40%
 - e) a, b, d
 - f) a, c
 - g) a, c, d
 - h) all of the above
8. When the mesio-buccal cusp of the maxillary first molar rests in the embrasure between the mandibular first and second molars, the occlusion is referred to as
 - a) Class I malocclusion
 - b) Class II, Division O malocclusion
 - c) Class III malocclusion
 - d) True centric
9. A class II malocclusion is likely to occur as a result of a _____ in the deciduous dentition.
 - a) parallel terminal plane type I
 - b) mesial step terminal plane
 - c) distal step terminal plane
 - d) parallel terminal plane type II
10. Class II, Division II malocclusion is one in which
 - a) the molar relationship is Class II and the incisors are normally inclined
 - b) the molar relationship is Class II and the incisors are in labioversion
 - c) the molar relationship is Class II and the lateral incisors are inclined lingually relative to the central incisors
 - d) the molar relationship is Class II and the incisors are inclined lingually or are upright

Stephanie Nagle, Dip. D.H., B.Sc.D.
St. Clair College, Windsor, Ontario

Answers: to Self-Assessment Test

1. a 2. a 3. a 4. a 5. g
6. d 7. e 8. c 9. c 10. d

Readership Survey

In an effort to evaluate the effectiveness of *The Canadian Dental Hygienist* we would appreciate your help in completing this brief questionnaire. Your response will help us in planning and improving future issues of *The Canadian Dental Hygienist*.

This survey is designed to take only a few minutes of your time. Your answers will be completely confidential. It would be greatly appreciated if you could complete and return the survey by May 10, 1984.

FOR THE FOLLOWING QUESTIONS, PLEASE CIRCLE THE NUMBER CORRESPONDING TO THE MOST APPROPRIATE RESPONSE UNLESS OTHERWISE DIRECTED.

1. How much of each issue do you *usually* read?

all of it 1
 most of it 2
 some of it 3
 none of it 4

If you do not read any of *The Canadian Dental Hygienist* please stop here and return the questionnaire. Thank you.

- 2a. Does anyone, other than yourself, read your copy of *The Canadian Dental Hygienist*?

yes 1
 no (skip to question 3) 2

- 2b. If yes, how many other people read your copy? _____

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more than one year 1
 for 6 to 12 months 2
 for 3 to 6 months 3
 less than 3 months 4

4. Please rate the following elements of *The Canadian Dental Hygienist* by circling one number of each.

	Excellent	Good	Fair	Poor
quality of writing	1	2	3	4
range of subjects covered	1	2	3	4
pertinence of subjects covered	1	2	3	4
applicability to daily practice	1	2	3	4

5. Please rate the following design elements in *The Canadian Dental Hygienist*.

	Outstanding	Above Average	Average	Poor
type/size readability	1	2	3	4
paper	1	2	3	4
design and layout	1	2	3	4
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covers	1	2	3	4

6. Please indicate how interesting you find the following regular journal departments.

	Very Interesting	Interesting	Somewhat Interesting	Not Interesting
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newslines	1	2	3	4
book review	1	2	3	4
letters to editor	1	2	3	4
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restorative dentistry _____
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8. What percentage of French would you like to see in the journal? _____

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(If no, please skip to question 11)

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stimulents _____	toothpaste _____
proxabrushes _____	topical fluoride (gel or solution) _____
rubber tip stimulators _____	fluoride mouthrinse _____
floss threaders _____	disclosing tablets or solution _____
Other (please specify) _____	

11. How often do you purchase the following items per year?

uniform	_____
white duty shoes	_____
white hose	_____

Thank you for your co-operation. If you would like to make any further comments, please use a separate sheet and return along with the completed survey.



Stephanie Nagle
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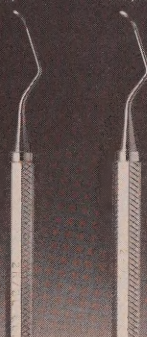
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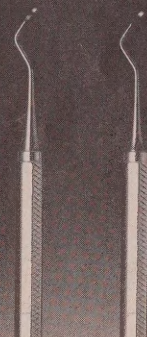
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References: 1. Ostrom, C.A. et al., J Dent Res, 56(3):212-221, 1977. 2. Arends, J., ten Cate, J.M., J Cryst Gro, 53:135-147, 1981. 3. Silverstone, L.M., Caries Res, 11 (Suppl. 1):59-84, 1977. 4. Data on file at Procter & Gamble, Inc. 5. Mobley, M.J., J Dent Res, 60(12):1943-1948, 1981. For further information, please contact Crest Professional Services, P.O. Box 355, Station A, Toronto, Ontario M5W 1C5

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cover story

A step-by-step approach to examining the oral soft tissues in routine dental hygiene practice is the topic of this issue's article by Dr. Janet Dorey and Ms. Fern Hubbard. The cover illustration by artist, Amílcar Carreira of Harrow, Ontario, depicts examining the floor of the mouth.

staff/l'atelier

Editor/Redacteur en chef
Stephanie Nagle
3767 Victoria Avenue
Windsor, Ontario N9E 3L7

Publisher/Editeur
**Advertising Manager/
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Controlled Publications
680 E.C. Row,
P.O. Box 1029, Station "A",
Windsor, Ontario N9A 6P4

Advisors/Counseillers
Joan Voris, 3589 Osler Street,
Vancouver, B.C. V6H 1M3

Marjorie Dimitri
1606 Ayleslynn Drive,
Vancouver, B.C. V7J 2T3

Louise Gosemick
8078 De Lorimier,
Montreal, Quebec H2E 2P9



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THE CANADIAN DENTAL HYGIENIST is the official journal of the Canadian Dental Hygienists' Association and is published quarterly.

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The opinions expressed in editorials or articles are those of the authors and do not necessarily represent the views of the Association, the Publisher or the Editor.

L'HYGIENISTE DENTAIRE DU CANADA est la revue officielle de l'Association des hygiénistes dentaires du Canada et est publiée à tous trois mois.

Toutes communications ayant trait à la revue devraient être adressées au Rédacteur en chef, à part les abonnements et tout ce qui concerne la publicité, ce qui, de leur côté, devraient être adressés aux membres du personnel respectifs.

Les tarifs d'abonnements pour les non-membres sont les suivants: \$15.00 par année au Canada et \$22.50 par année en pays étranger.

Les opinions exprimées dans les éditoriaux ou dans les articles celles des auteurs et ne représentent pas nécessairement les points de vue de l'Association, de l'Editeur ou du Rédacteur.

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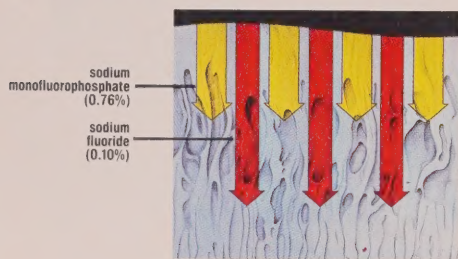
How Colgate's two fluoride formula achieves more complete remineralization resulting in nearly double the cavity protection of a single fluoride formula.*

A major role of fluoride in cavity prevention is to accelerate the process by which demineralized enamel is rebuilt⁽¹⁻⁴⁾. This reverses white spot lesions which would otherwise become cavities.

Today's Colgate is the first toothpaste with two fluorides—sodium monofluorophosphate at 0.76% and sodium fluoride at 0.10%. Their differing molecular structures mean that these fluorides may work in different ways in tooth enamel. The result at these concentrations, is more complete remineralization of white spot lesions than either can achieve alone.

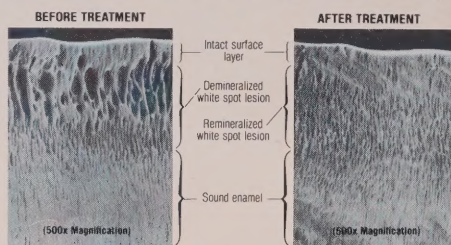
Why these two fluorides remineralize more completely.

It has been postulated that fluorides reach white spot lesions by penetrating enamel through the interprismatic spaces. Sodium monofluorophosphate, being a larger molecule, reacts with enamel primarily at the surface of a white spot lesion. Sodium fluoride, a smaller molecule, penetrates deeper into the lesion.



Working at different levels, the two fluorides may complement each other, enhancing remineralization over a greater area of the lesion than a single fluoride* alone.

This complementary action means more fluoride is available to enhance remineralization over a greater depth of the lesion than is provided by either fluoride alone.^(5,6)



This more complete remineralization has been demonstrated in laboratory studies⁽⁷⁾ and can be seen in the photomicrographs above.

Clinical studies show nearly double the cavity reduction.

Colgate with this two fluoride concept was tested in a three year clinical study.⁽⁸⁾ The results—Colgate's two fluoride formula provided 27.0% reduction in new caries versus 13.8% for the single fluoride positive control* (DMFT).

Conclusion.

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*Sodium monofluorophosphate (0.76%)

REFERENCES

1. Silverstone, L.M., Proc. Roy. Soc. Med., **65**, 906, 1972.
2. Kouloundes, T., et al, Ann. N.Y. Acad. Sci., **131**, 771-776, 1965.
3. Von Der Fehr, F.R., et al, Caries Res., **4**, 131-148, 1970.
4. Levine, R.S., Brit. Dent. J., **138**, 249-253, 1975.
5. Slater, P.J., et al, Abstract No. 72, ORCA Conference, July 1982, Annapolis.
6. Hayes, H., et al, J. Dent. Res., **61**(4), 641, 1982.
7. Harvey, K., et al, J. Dent. Res., **61**, 243, 1982.
8. Hodge, H.C., et al, Brit. Dent. J., **148**, 201-204, 1980.



* Colgate Toothpaste contains sodium monofluorophosphate and sodium fluoride which are in our common, effective decay preventive agents and are of significant value when used in a conscientiously applied program of oral hygiene and regular professional care. Canadian Dental Association

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comment

Happy 20th Birthday, CDHA

Reflections on the past two decades indicate that they have been ones of rapid and dramatic progression. For example, in 1963, membership in the Association was less than 100 and represented dental hygienists from four provincial associations. In 1983, the C.D.H.A. Membership Promotion Campaign boasted membership numbers over 2400 with representation from all provinces, the Yukon, and Northwest Territories. Undoubtedly, this is the result of much determination and dedicated work by a number of exceptionally talented leaders in this profession of dental hygiene.

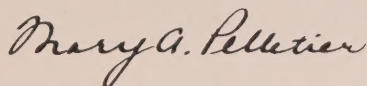
As the twentieth president of your national Association, I am discovering that accomplishments are not achieved quickly. They require many hours of planning, discussion, and decision-making. Our 1983-84 mandate is to continue investigating incorporation, corporate membership, and portability. The newly-formed Long Range/Financial Planning Committee needs your support and encouragement in its many tasks. (You can help formulate policy for this committee by completing the survey included in this issue.)

"Will Dental Hygiene in Canada Survive the 1980's?" We have made it to 1984 and are singing praises to a membership of 2400. I would say, "Certainly, we will make it to 1990!"

By working together in an atmosphere of friendship and open communication, we can maintain our identity and assure the future of our profession.

"Behind an able Association, there are always very capable members." (Chinese Proverb)

We have come a long way . . . let's keep growing! □



Mary A. Pelletier,
'83-'84 CDHA President

Bonne Anniversaire ACHD

L'Association Canadienne des Hygiénistes Dentaire célèbre son vingtième anniversaire, et nous lui souhaitons nos meilleurs vœux.

L'Association a connu au cours des deux décennies un essor formidable. En 1963, l'Association comptait moins de 100 membres et seulement quatre associations provinciales étaient représentées au sein de l'Association. En 1983, à l'aide d'une campagne de recrutement bien organisée, l'A.C.H.D. a augmenté ses effectifs à plus de 2,400 membres, y compris des représentants de toutes les provinces Canadiennes des Territoires du Nord-Ouest et du Yukon. C'est grâce au travail de personnes dévouées et déterminées qui eurent dans la profession d'hygiène dentaire que ce succès a été rendu possible.

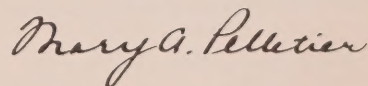
En tant que 20^e présidente de votre Association nationale, j'ai découvert que les accomplissements ne se font pas sans effort; il faut pour y arriver, de nombreuses heures de planification, de discussion et de prise de décision. Notre objectif pour l'année 1983/84 est de continuer à étudier la possibilité: 1^o d'incorporer notre Association, 2^o de constituer une catégorie particulière au sein de notre Association qui permettrait d'accueillir en tant que membres les compagnies qui désirent contribuer au développement de l'Association, 3^o d'étudier la possibilité qui soient reconnues au niveau national les qualifications des hygiénistes dentaires Canadiens.

Le comité nouvellement formé "Long Range/Financial Planning Committee" a besoin de votre aide et de votre encouragement. Vous pouvez apporter votre appui en nous retournant le sondage dûment rempli, qui figure dans la présente édition, du bulletin.

L'hygiène dentaire survivra-t-elle les années 80 au Canada? Nous voilà déjà en 1984 avec un nombre record de 2400 membres. Je déclare que certainement nous nous rendrons en 1990!

Il nous faut continuer à travailler ensemble dans un climat de communication amicale si nous voulons conserver notre identité et assurer l'avenir de notre profession.

Nous avons fait du chemin . . . ne nous arrêtons pas là! □



Mary A. Pelletier
'83-'84 ACHD President

Convention Chairperson Charla Lautar-Lemay organizes first CDHA bilingual convention

Chairperson Lautar-Lemay and her tiny committee of Louise Delorme (social events) and Jocelyne Montpetit (scientific events) hosted convention '84 in Montreal, April 10 and 11, welcoming over 400 dental hygienists from across Canada.

Scientific sessions were simultaneously translated into French or English making the '84 convention the first bilingual convention in our Association's history. The Secretary of State of the federal government granted CDHA \$3,000 to partially offset translating costs.

The '84 convention also marked the first time that Quebec dental

hygienists worked together with Les Journées Dentaires du Québec to produce a provincial and national program designed specifically for dental hygienists.

Several dental companies funded social events. Colgate-Palmolive donated \$5,000 towards a brunch and the J. Horner Company donated \$3,000 towards a wine and cheese reception. Ash Temple, Denco, Shofu Dental Corp., S. S. White, and Teledyne Water Pik covered the cost of coffee and nutrition breaks. The Professional Corporation of Dental Hygienists in Quebec sponsored the hospital-suite. Chairperson Lautar-

Lemay and CDHA Corporate Relations Officer, Debbie Lang, coordinated the corporate funding.

Jocelyne Montpetit organized the speakers for the scientific sessions including: Patricia Johnson, Dental Hygiene in Canada, 1964-1984: Twenty Years of Professional Growth and Maturation; Sylvie de Grandmont, Rôle de la Corporation Professionnelle des Hygiénistes Dentaires du Québec dans l'Histoire de l'Hygiène Dentaire du Québec; Sharon Amer French, The Next Twenty Years of Dental Hygiene in Canada; Kim Ball, Basic Financial Planning;

Continued on page 43



CDHA Convention Chairperson, Charla Lautar-Lemay introduces the head table at the President's Luncheon honouring CDHA President Mary Pelletier. Montreal's new convention centre, Palais des Congrès housed most social and scientific events.



Myra Lofts, Professional Relations Director for Colgate-Palmolive, displays products to dental hygienists. A brunch, compliments of Colgate-Palmolive, was served to hygiene convention attendees on the final day.

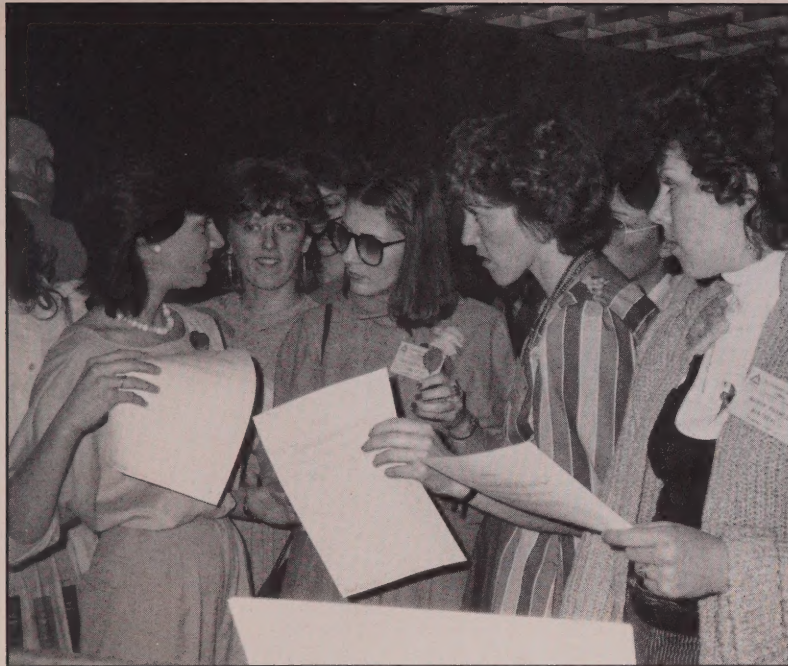


Table clinic competition



CDHA leaders, C. Worobey (left), L. Mowat, L. Thom



Standing room only at scientific meeting

Hygiene student table clinics draw large crowd

C.E.G.E.P. François Xavier Garneau of Québec City won the CDHA student table clinic competition at convention '84. Students Marie-Christine Grenier and Marlène Harvey presented "Learning is Fun". They organized and invented new games and puzzles for different age groups designed to motivate patients to practise good oral hygiene habits. Rather than using the conventional lecture teaching method, the students demonstrated that by touching, seeing, and hearing dental health information, the patient has a better chance of retaining the dental health message. The students also presented a card game designed for the elderly. Those attending the table clinic competition felt that the students' ideas were so unique that they could be marketed.

John Abbott College dental hygiene students presented three top quality table clinics about topical fluorides, the uses for lingual orthodontic treatment, and fabricating mouthguards.

CDHA Student Membership Chairperson Lise Thom and former University of Montréal Dental Hygiene Director Dixie Scoles judged the competition. The prize was \$100.

The table clinic competition was a special incentive program for Quebec dental hygiene students sponsored by CDHA through the Student Membership Committee.

Search is on for the first practising dental hygienist in Canada

The Canadian Dental Hygienist/L'Hygieniste Dentaire du Canada is trying to locate the first hygienist to practise dental hygiene in Canada. We estimate that the individual would be a graduate from an American dental hygiene school, prior to 1953 when the first Canadian dental hygiene class graduated from the University of Toronto. If you fit this description or if you know someone who does, please drop us a line in care of the Canadian Dental Hygienists' Association Journal, 3767 Victoria Boulevard, Windsor, Ont. N9E 3L7.

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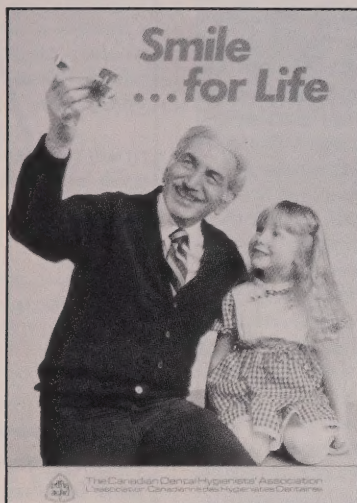
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- give several to seniors in a nursing home, apartment complex, or drop-in centre
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Voici quelques suggestions:

- donnez-en une à un patient du troisième âge
- distribuez-en aux bénéficiaires d'un centre d'accueil pour personnes âgées, aux résidents de complexes immobiliers ou dans des associations
- utilisez le lorsque vous discutez de santé bucale avec un adulte — lui aussi sera âgé un jour
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Financial Consultant warns hygienists to begin laying foundations for a comfortable retirement

"My objective is to give you a good kick in your financial pants," explains Kim Ball, Financial Planning Consultant for the Imperial Life Insurance Company, speaking to hygienists attending the CDHA '84 convention in Montreal.

Financial Consultant Ball describes financial planning as a three step process. The first step is to formulate a goal — to know what you want. Ball suggests that an admirable goal is to be old and rich.

The second step is to manage your income.

"We spend 2,000 hours per year earning our money and we spend about five minutes preplanning what to do with it," says Ball.

"We must learn to budget and control what's coming in, accumulate it, then we can learn the third step which is to send the money out to work for us."

As a budgeting strategy, Ball advises:

- Take 10% of all you earn (that's 10% of your net income) and pay it to yourself. Put the money into something long term, like an RRSP or owning your own home, to protect it against you — its worst enemy. For example, if you earn \$20,000 a year, give yourself \$2,000 and put it away in an RRSP.

"The average Canadian pays \$750 per year on coffee out of a machine. Half our problem is that we don't know where our money goes."

- Put 5% of all you earn into an emergency fund, to prevent an unforeseen expense devastating you, until you have saved the equivalent of three months take home pay. Put this 5% into a savings account or buy Canada's Savings Bonds, which offer a higher interest rate as compared to a bank's saving account rate. The important factor is that this money must be easily accessible.

- Calculate your fixed monthly expenses which are items such as rent, income tax, car payments, furniture payments, loans, and life

and income insurance, and place this money in a pure checking account.

- Itemize your variable expenses such as utilities, maintenance of property, cable TV/TV rental, property taxes, telephone, house insurance, car expenses, car insurance, and car maintenance. Deposit money for these expenses in a daily interest savings account.

- Calculate expenses for other items such as public transportation, groceries, clothes, grooming, cigarettes, newspapers, books, beverages, spending money, medical, dental, legal, and accounting fees, vacation, gifts, and entertainment. Deposit money for these expenses in a pure savings account and to keep this money safe and away from you, Ball recommends depositing it in a financial institution over a mile away from where you work or live.

- Ball explains that there are three places to keep your money:

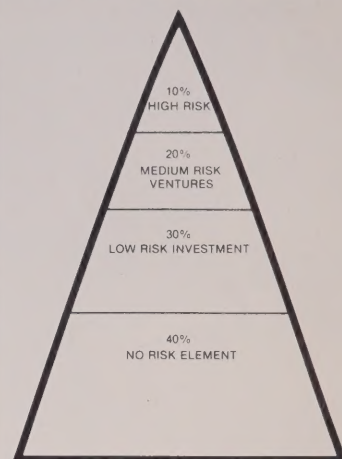
- in a bank
- in a trust company
- or in a credit union

All institutions are as safe as others, meaning that your money is guaranteed returnable up to a maximum of \$60,000. "You shouldn't always go to a bank because it's convenient. All three institutions are stores selling money and you must shop around to see

what's on sale using the same consumer principles you use when purchasing other goods".

Ball stresses that all your financial accounts should not necessarily be at the same institution. Before placing your money in any institution, Ball advises to comparison shop at two banks, two trust companies, and a credit union and question them about their true savings, daily interest savings, daily interest chequing, daily interest chequing/savings, and personal chequing accounts, and about their loans, mortgages, and other

Fig. 1: Investment Pattern



Financial Planning Consultant, Kim Ball, recommends this investment pattern which was featured in an '83 issue of Financial Post.

services. Even little things like charges for writing cheques add up and Ball points out that, if you are a member of a credit union, free chequing is a customer service.

About using credit cards, Ball warns that they are not to be used as plastic money; rather, they are meant to be used as an extension of time. She emphasizes not to pay more for a purchase than what you can afford to pay in the rest of the month plus 30 days. Ball also strongly advises that your credit card be in your name, not your husband's.

Figure 1 illustrates the investment pattern Ball recommends. To build your foundation, put 40% of your investment money into safe investments such as in banks, credit unions, or trust companies, into owning your own home, into insurance plans including car, home, income protection and life insurance (purchased in that order), into Canada savings bonds, into Guaranteed Investment Certificates (GIC's), and into your emergency or contingency fund.

Once this foundation is in place, the next stage is to invest in low risk investments such as blue chip stocks/bonds, like Bell Canada, or mortgages. Put 30% of your investment money here.

With the remaining 30% of your investment, invest 20% in medium risk ventures such as Simpson's, Canadian Tire, and the Bay, and invest 10% in high risk ventures such as commodities, like gold, silver, oil, and high technology.

In summary, Ball outlines the ingredients of sound financial planning:

1. Get your emergency fund in place.
2. Get your insurance program in place. The first two ingredients can not be avoided — get them in place early in your career.
3. Invest in an RHOSP (registered home ownership plan), even if you never intend to own a home.
4. Invest in RRSP's. Get at least three separate plans and add to them annually.
5. Pay off any debt that isn't tax deductible such as your mortgage.
6. Invest in the stock market.

Central office opens

The Canadian Dental Hygienists' Association has a permanent home at 1320 Carling Avenue in west end Ottawa. We are across from the Canadian Public Health Association, convenient to hotels, shopping centres, and 15 minutes to the city centre.

The office is bright and spacious, floor space being 450 square feet divided into a reception area with seating for three, and the office proper which includes two desks, a wall of filing cabinets, and postage center. Also, there is a small walk-in storage room with shelving for stationery and office supplies. A donation from the 7th International Symposium on Dental Hygiene Organizing Committee, chaired by U.B.C.'s Dental Hygiene Director Joan Voris, paid for office furnishings.

Office hours are Wednesdays and Fridays from 9 a.m. until 3 p.m. Phone 613-728-8730 or write CDHA Central Office, 1320 Carling Ave., Ottawa, Ont. K1Z 7K9.

Executive Secretary Worobey invites CDHA members to use and visit the office whenever possible. □

CDA Learning/Resource Centre provides low cost library service for dental hygienists

Would you like to learn more about a particular dental topic? Is it difficult for you to find time to go to the library? Are you interested in keeping up with current dental issues and research findings?

If you answered Yes to any of these questions, CDHA continuing education Chairperson Mickey Wener says that the Canadian Dental Association's Library/Resource Centre may be able to help you.

The CDA Library/Resource Centre provides valuable library services to all dental professionals. The following is a list of services which are available at no cost to CDA members and to non-members at the rates indicated.

Medline literatures searches: this computerized information retrieval system provides access to over 3,000 medical and dental journals and produces instant bibliographies of varying length and depth of topic coverage. The Association is accepting collect calls for this service from all members. There is \$25.00 fee for non-members for each search.

SDI: this is a monthly current awareness bibliography. The requester's original search in **Medline** is stored in the computer and updates are then sent automatically twelve times a year. There is a monthly charge of \$25.00 for non-members.

Copies of contents pages of the most current dental journals received by the Library/Resource Centre. This package is sent once a month to interested members. There is a monthly charge of \$5.00 to non-members for this service.

Photocopies of journal articles. All reasonable requests are processed free of charge to CDA members; there is a \$5.00 ad-

ministrative fee for non-members.

"Package Libraries": these are selected articles on topics of interest to the dental community and advertised each month in the *Journal*. One copy of each article listed is provided free of charge to members and there is a \$5.00 fee for non-members. In addition, all the packages listed in previous issues of the *Journal* are still available: Dental Radiography, Peer Review and Quality Assurance, Geriatric Dentistry, Computers in Dental Practice, Dental Materials and Techniques, Community and Preventive Dentistry, Anesthesia in Dentistry, Dental Practice Management, Dental Occlusion, Oral Cancer, Dentists and Stress, TMJ Dysfunction Diagnosis, Mercury Pollution in the Dental Office, Dental Emergencies, Economic Management, AIDS (Acquired Immune Deficiency Syndrome), Pedodontics, Anorexia Nervosa and Bulimia, Periodontal Diseases.

General inquiries on dentally related topics: assistance is provided free of charge to all members; there may be a \$5.00 fee for non-members, depending on the extensiveness of the request.

New Acquisitions are published each month in the *Journal* and most of the material (with the exception of journals) is available on loan to interested members across Canada. There is an administrative fee of \$5.00 for non-members.

For further information contact:

Trudi Di Trolio, Librarian,
Library/Resource Centre,
Canadian Dental Association,
1815 Alta Vista Drive,
Ottawa, Ontario K1G 3Y6
Phone: (613) 523-1770 □

CDHA Oral Health Resource Available for the Elderly

At the C.D.H.A. Board meeting in Vancouver in September 1983, a resolution was adopted directing the Chairman of Community Dental Health to apply to the Health Promotion Contribution Program for funds to develop an educational resource for the geriatric age group. A detailed proposal was submitted in January of this year with the following summary:

Objectives:

1. This resource will provide instruction to promote and facilitate the oral health of the elderly individual through — a. personal oral hygiene and self-care; b. regular self examination; c. regular professional examination and completion of required treatment
2. This resource will provide instruction to promote and facilitate the oral health of the elderly through the care of institutional staff by — a. regular and appropriate mouth care; b. regular professional examination and completion of required treatment
3. This resource will advocate life-

styles by providing persuasive information on the aesthetic and functional benefit of oral health.

Proposed Activities

1. The Canadian Dental Hygienists' Association has, to date, funded the development of a theme, photograph, and poster.
2. The theme thus developed will be used as the folder to hold a variety of inserts with educational information on:
 - oral hygiene
 - nutrition for oral health
 - self examination for oral cancer
 - regular professional care
3. The materials will be translated from English to French and will be printed in both languages.

The initial stage of preparing a slogan and poster has been completed and advertisements of this new C.D.H.A product appear in this issue. The project proposal was endorsed by three experts who are respected for their endeavors and achievements in preventive dentistry and gerontology. The proposal has been acknowledged and is currently being considered for

funding by Health and Welfare Canada.

There will be many stages in the development of this resource, pending funding. The most important, perhaps, is the writing of material to be included in the proposed folder. Material for the two target groups could be handled in at least two ways: the materials prepared for the elderly individual could be supplemented with additional content/instruction for professional use, or material for both groups, elderly and professional (non-dental), could be distinct. The latter choice involves considerably more preparation.

Your contributions to the content of the resource and your suggestions for its format and development are vital for the success of this project. Please send your comments and suggestions to: Joanne Clovis, Chairman, Community Dental Health, #1, 14310 - 80 Street, Edmonton, Alberta T5C 1L6. □

letters to the editor

Applying for dental hygiene positions in Switzerland

I would like to share this work opportunity with the rest of the dental hygienists in Canada, as it is a very exciting opportunity.

Presently there are two Alberta hygienists working in Switzerland. They enjoy the traveling opportunities plus the cultural exchange.

C. Hensel, RDH
Edmonton, Alberta

Editor's note: Ms. Hensel included a letter she received from Cathy Graham, R.D.H., Chairman of Central Headquarters for Dental Hygiene in Switzerland, Dentalhygiene-Schule Zurich, Minevastr 99, 8032 Zurich, Switzerland. The following is an excerpt from Ms. Graham's letter.

I would like at this time to explain to you my function and how I relate to you and your application. When you first write to me I will send you the details needed to complete a resume. At this point you send me a resume duplicated. I keep a copy and send the original to Fr. Elming at Central Headquarters. She is the secretary in charge of the placement office for all dental personnel in Switzerland.

This office, SKM, is maintained by the three leading supply houses in Switzerland. Your application is placed on file and your name is printed on a "read out" of all interested hygienists, (Swiss and American). Along with your name, is your school, age, years of practice, and *language knowledge*.

The dentist then pays Fr. Elming a fee for the list. The interested dentist may have five possible resumes and be writing to all

five. So be prompt with your replies. Because of the high number of resumes on file, the doctors can pick and choose. Those applicants placed first are the ones studying the language. I might add that most of the resumes read that they are working on a language.

I often get asked about housing. No generalities can be made about the housing situation. It ranges from the minimum to the maximum in comfort. Rent is high here and the dentist keeps that in mind while searching for a place for you. It is to his advantage to make you as comfortable and happy as possible. In closing I will say that your salary is more than adequate. It is all in how you want to budget it.

Letters are subject to editing for clarity and brevity.

Letters continued on page 43.

Examining the soft tissues in routine dental hygiene practice

Janet L. Dorey, B.Sc., D.D.S., M.S. and Fern Hubbard, Dip. D.H., B.A.

Dental personnel have a responsibility and a unique opportunity to carefully inspect the head and neck region of their patients. Dental personnel also have a responsibility to protect themselves, other members of the dental health team, and other patients from communicable diseases that manifest extraorally or intraorally. The purpose of this paper is to present a systematic, efficient, and thorough method of examining the soft tissues while stressing the importance of incorporating the examination into routine dental hygiene practice.

There are two parts to a soft tissue examination, the extraoral and the intraoral examinations. Dental hygienists can legally perform these examinations in most Canadian provinces.¹

Medical History

Before proceeding with the soft tissue examination, complete or update the medical history. Question the patient about the presence of any pain, sores, swelling, or discolourations and document their responses.

Extraoral Examination

Explain the rationale for doing a soft tissue examination to the patient before proceeding. Position the patient in a semi-reclined position to examine patient's extraoral structures. This allows the structures of the patient's head and neck to assume their relative positions.²

• General Observations

Sit in front of the patient to examine patient's skin for any swellings, growths, ulcerations, or pigmentations. Note facial asymmetries, yellow-tinged sclera, dilated or constricted pupils, and facial tics or tremors. Thoroughly inspect the outer surface of the ears, including the postauricular area, and finally examine the back of the neck.

• Temporomandibular Joint (TMJ)

Sit in front of the patient to examine the temporomandibular joint areas. From this position, any change in facial expression during the following procedures can be easily observed. Ask the patient to open and close their mouth and note any asymmetrical movement of their mandible. Apply fingertip pressure to both condyles to detect any crepitus or clicking within the joints. Note any limitations of mandibular movement, any joint sounds, or any complaints of pain.

• Lymph Nodes and Glands

The lymph nodes and glands can best be palpated from directly behind the patient. Record any enlarged or tender nodes or glands on the patient's chart. Relatively firm pressure is required to detect nodes and glands which are located deep within the fascia.

Beginning with the submental nodes located under

the patient's chin, apply pressure bimanually, moving your fingertips in a circular pattern. Proceed posteriorly to the submandibular gland. Roll the soft tissue covering the submandibular gland over the lower border of the mandible and palpate the extended tissues against the mandible. Keep in mind that the submandibular gland is a long thin structure and should not be confused with enlarged lymph nodes that may be present. Proceed to the ear region. Use firm, circular pressure to locate nodes anterior, posterior and inferior to the ears.

Locate the lymph nodes along the sternocleidomastoid muscle at the back of the neck and check for nodal enlargement by having the patient turn their head to the side and tuck their chin in (Figure 1). Using the thumb and fingers of one hand, palpate along the anterior and posterior aspects of the raised muscle to its origin on the sternum. Palpate the soft tissues overlying the clavicles. Palpate the soft tissue at the base of the skull by supporting the patient's head with one hand and using the fingertips of the other to apply circular pressure.

Finally, palpate the middle of the neck by applying circular pressure. The thyroid gland will only be detected if it is enlarged.

Intraoral Examination

To perform a thorough intraoral examination, use a mouth mirror, tongue blade, gloves, and 2 x 2 gauze. Examine the intraoral structures with the patient in a supine position.



Fig. 1: Palpation of the lymph nodes located along the sternocleidomastoid muscle. Note that the patient's head is turned away from the clinician.



Fig. 2: Bidigital palpation of the buccal mucosa.

- **Buccal Mucosa and Lips**

Sit in the 10 o'clock position to examine the buccal mucosa with a mouth mirror, before placing your fingers in the patient's mouth. Observe any changes in the surface texture of the mucosa while paying particular attention to the mucobuccal folds, as lesions in these areas are easily overlooked. Retract the upper and lower lips with your fingers for a better view of the vestibules. Thoroughly palpate the buccal mucosa bidigitally, proceeding in a systematic manner (Fig. 2).

- **Gingiva and Palate**

Using a mouth mirror, examine the gingiva and alveolar mucosa, buccally and lingually. Palpate for



Fig. 3: Examination of the lateral border of the tongue. Adequate vision of this area is important.

depressions or boney elevations. Visually inspect the hard and soft palate. Use the forefinger to firmly palpate the hard palate.

- **Pharynx**

Depress the tongue using a wooden tongue blade to adequately view the tonsillar and pharyngeal region. Ask the patient to say "Ahh". While the patient is saying "Ahh", observe the oropharynx and the movement of the soft palate and uvula. If the tongue is difficult to depress, push down on the right side of the tongue to examine the right pharyngeal area, then push down on the left side to examine the left pharyngeal area.

- **Tongue and Floor of the Mouth**

Examine the tongue in its resting position, then ask the patient to protrude their tongue. Grasp the tip of the tongue with a 2 x 2 gauge. Move the tongue laterally to each side and examine the lateral borders



Fig. 4: Palpation of the lymph nodes located along the sternocleidomastoid muscle. Note that the patient's head is turned away from the clinician.

and ventral surface. At the same time, examine the middle and posterior areas of the floor of the mouth (Fig. 3). Use the mouth mirror for maximum vision. Thoroughly palpate the tongue while it is extended, then run a finger firmly back and forth across the base of the tongue. Ask the patient to lift the tongue towards the palate and examine the anterior floor of the mouth. Note any restricted tongue movements. Using bimanual palpation, push down on the floor of the mouth with the forefinger of one hand against the fingers of the other hand which are placed extraorally under the chin. (Fig. 4).

- **Documentation and Referral**

Record abnormal findings on the patient's chart. Document the site, 3-dimensional size, shape, colour, texture, and consistency of any lesion. In addition, include the length of time the lesion has been present

and any symptoms noticed by the patient.³ The following conditions are examples of some of the findings requiring further investigation by a dentist or dental specialist: clicking or grating of the TMJ; palpable lymph nodes; masses; swellings; ulcerations; fistulas; and white, red, or blue-black pigmentations.^{3, 4, 5}

If abnormalities are found, the dental hygienist should consult the dentist in an area away from the patient before she/he commences treatment. After reviewing the findings, the dentist can inform the patient of the abnormality and discuss methods of managing the problem. Referral to a specialist may be necessary.

Conclusion

An examination of the intraoral and extraoral soft tissues is an integral part of comprehensive patient care. As members of the health care team, dental hygienists and dentists are responsible for providing this service. It is important to perform a thorough soft tissue examination on each new patient and incorporate it into each recall appointment.⁶ The time required to perform the examination is negligible and the potential benefits are immeasurable. Oral pathology does not have to be an undetected menace in your practice.

The following statement by Lillian McKittrick, a dental hygienist in Vancouver, B.C., reinforces the importance of completing a thorough soft tissue examination.

"The critical importance of routinely performing a thorough oral cancer examination was impressed on me when, on two separate occasions, October 1971 and February 1982, I discovered lesions in two different areas in my mother's mouth. After referral to a specialist for a biopsy, the diagnosis of cancer was made. Fortunately, both the lesions were diagnosed early, and treatment seems to have been successful". □

About the authors: Both authors were Assistant Professors at the Faculty of Dentistry, University of British Columbia, 2199 Wesbrook Mall, Vancouver, B.C., Canada V6T 1Z7 when this article was written — Dr. Dorey with the Department of Oral Medicine and Ms. Hubbard with the Department of Preventive and Community Dentistry.

References:

1. Miller, M. National core of functions and duties legally performed by dental hygienists within the Canadian provinces and the Territories. *The Canadian Dental Hygienist*, 15(2):33-38, 1981.
2. Woodall, I.R., Dafoe, B.R., Young, N.S. et al. Comprehensive Dental Hygiene Care. C. V. Mosby, St. Louis, 1980.
3. Goldman, H.S. and Marder, M.Z. Physicians' Guide to Diseases of the Oral Cavity. Medical Economics Co. Inc., Oradell, N.J., 1982.
4. Shugan, M.A., Nosal, P. and Garron, J.P. Techniques for routine screening for carcinoma of the base of the tongue. *Journal of the American Dental Association*, 104(5):646-647, 1982.
5. Engleman, M. A. and Schacker, S.J. Oral Cancer Examination Procedure. Oral Cancer Prevention and Detection Center, St. Francis Hospital, New York, 1966.
6. Giunta, J. Oral Pathology: Dental Auxiliary Practice, Module 3. Williams & Wilkins Co., Baltimore, 1975.
7. Chisholm, D.M., Ferguson, M.M. Jones, J.H. and Mason, D.K. Introduction to Oral Medicine, W.B. Saunders Co. Ltd., London, 1978:6-7.
8. Wilkins, E.M. Clinical Practice of the Dental Hygienist, 4th Ed., Lea & Febiger, Philadelphia, 1976.

CALL FOR PAPERS

for September '85 CDHA Convention

Dental hygienists interested in participating in the program are invited to submit a summary of a 15 minute presentation. Suggested subject areas are:

- Educational experiences and opportunities beyond undergraduate education
- Alternative job opportunities for dental hygienists
- Unique dental hygiene experiences in community dentistry
- successful implementation of changes in clinical dental hygiene practice

Deadline for receipt of summaries is January 1, 1985. Send submissions of summaries, approximately 200 words in length, to:

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Nutrition to Meet the Needs of the Elderly

Kathy Truesdale, Dip.D.H.

Recently, there has been growing concern in the medical profession regarding geriatric care. Dentistry is no exception and with good reason. According to the Canadian Governmental Report on Aging, there were roughly 3.2 million Canadians 60 years or older as of June 1, 1980. If Statistics Canada's projections are correct, in the year 2000, 4.5 million Canadians will be 60 years of age or older.¹

Nutritional fitness plays a role in the health of an individual regardless of age. Gradual physiological changes which occur as a result of age are numerous and affect all the living systems of the body.² Nutritionally related oral problems in the elderly, which may be observed by the dentist or dental hygienist are:³ 1) loss of taste; 2) xerostomia (dry mouth); 3) painful and burning tongue; 4) oral and mucous membrane problems; 5) temporomandibular joint discomfort; 6) periodontal disease; 7) osteoporosis of the alveolar bone

Loss of Taste

As we age, the acuity of taste and smell has been reported to diminish.² Generalization in this area has been difficult because not all studies on taste and smell sensitivity are in agreement. Sex differences, diseases, and the effect of smoking further complicate definite statements in this area. Taste acuity tends to decrease throughout adult life, rather than a stepwise decrease in later life, and seems to affect primarily salty and sweet taste buds.⁴

Loss of taste, which is mainly provided by the tongue, is due to gradual nerve degeneration and hyperkeratinization of epithelium which block taste bud ducts and pores. A vitamin A deficiency may cause epithelial hyperkeratinization.³ Because the sensation of taste is also provided by the palate, taste acuity is further decreased in patients who wear a full upper denture.

For patients who suffer from a loss of taste, if there are no medical contraindications, more spices and garnishes can be recommended. Also, to increase the palatability of food, it should have the proper texture and temperature.

It should be noted that loss of taste may result in a lack of appetite and a poor diet; therefore, every effort should be made to increase the desirability of food. A patient may find that their appetite will be stimulated by eating with a friend or by eating out occasionally. Also daily exercise, unless prohibited by a physician, may be a good idea to help increase the appetite.

Xerostomia (dry mouth)

Xerostomia is a condition in which salivary flow is decreased causing dry mouth. Problems usually occur in the elderly or in the patient receiving radiation

therapy. A vitamin B complex deficiency may also cause xerostomia.³

As we age, atrophy of cells lining the salivary ducts causes a decrease in salivary flow. The saliva is also more viscous because there is an increase in mucus content.³

For patients who suffer from xerostomia, the oral problems are numerous. Fissuring of the tongue, cracked lips, difficulties during swallowing, and a burning sensation are common. Denture patients' problems are further compounded because of this lack of lubrication. Denture retention is difficult at times and sore spots may be seen under the denture.³

A common solution to this problem is to increase salivary flow by sucking candies. Because of this, patients may be at risk developing root surface caries.

The multiple manifestations of xerostomia make it one of the most serious problems for the elderly patient. Patients may get some relief through the use of artificial saliva or by chewing or sucking sugarless gum, mints or sugarless throat lozenges such as Bentasil or TriAids. If a vitamin B deficiency is noted, a supplement may be recommended by the patient's physician.

Painful and Burning Tongue

In this condition, the tongue appears red with smooth, shiny areas where there is a loss of papilla. The tongue may be painful and sensitive to hot and spicy foods. Painful and burning tongue is usually brought on by nutritional anemias caused by a deficiency in vitamin B¹², folic acid, or iron.³

Pernicious anemia (vitamin B¹² deficiency) is seen in the elderly patient due to malabsorption in the gastrointestinal tract, rather than due to a dietary deficiency.⁵ Vitamin B¹² is found in food sources of animal origin; plant sources do not supply this vitamin. The appearance of glossitis may alert the patient to a problem to which they may wish to have their physician investigate.

Folic acid deficiency, in contrast to vitamin B¹² deficiency, is usually caused by dietary inadequacy. Folic acid deficiency usually occurs in poorly nourished people. The elderly frequently fall into this category.⁵ Food sources are yeast, liver, fresh, green vegetables and fruits.

Iron deficiency anemia is one of the most common problems in the North American diet and the elderly patient is not exempt. Food sources are liver, eggs, and cereals.

For these patients a diet consisting of a variety of foods from each of the four food groups is essential. If it is not possible to receive these nutrients from the diet, a supplement must be recommended by their

physician.

Oral Mucous Membrane Problems

Oral mucous membranes are also affected by age. The epithelial membrane becomes thinner, friable, and because of impaired circulation, heals much slower.³

One of the most common problems the elderly patient encounters in this area is cheilosis. Cheilosis is an inflammation at the corners of the lips produced by overclosure of the mouth and/or a riboflavin deficiency. Generally, riboflavin deficiency occurs only in conjunction with other vitamin B-complex deficiencies.⁶

Therapeutic doses of vitamin B-complex are recommended for those patients.³ Again, a well balanced, varied diet should be stressed.

Temporomandibular Joint Pain

As a result of tooth wear, a shortened anatomical crown is produced resulting in overclosure of the jaws. The relationship of the mandibular condyle to the glenoid fossa is changed causing damage to the meniscus between them.³ The result is pain during chewing and limitation of movement.³

Partial or complete edentulism can also result in overclosure. Degenerative joint changes, such as osteoarthritis, may limit mouth opening as well by causing crepitus and discomfort for the patient.³

Patients who find chewing difficult and prefer a soft diet can receive their nutrients from foods such as ground meat (it may be less expensive as well), eggs, mashed potatoes, cottage cheese, peanut butter, oatmeal, and applesauce. Vegetables and meats can be cooked in soups, stews, or casseroles to make chewing easier.

Gingivitis and Periodontitis

These conditions are produced by local irritants and are usually found to some degree in the elderly patient.

For the elderly patient who has mobile teeth or a loss of teeth due to periodontitis, chewing difficulties are common leading to digestive problems.⁶

Some investigators have related a vitamin C deficiency to gingival problems. It has been proposed that a deficiency causes the gingiva to bleed and enlarge more readily. If it is impossible for the patient to receive an adequate vitamin C intake through his diet, a supplement should be recommended.

A patient with periodontal problems may prefer a soft diet. Oral hygiene instruction should be given to control local irritants and prevent further destruction of supporting tissues.

Alveolar Osteoporosis

Bone is constantly undergoing a remodelling process in response to the level of calcium ions in our blood. Bone acts as a reservoir of mineral ions and, if the level in the blood is low, the ions can be removed from the bone.³

As we age, bone becomes less dense and, therefore, it is weaker. A dietary calcium deficiency adds to this problem. Also, with the loss of teeth, alveolar bone does not receive the stimulation it needs and, therefore, is resorbed. This reduces facial height in older patients.³

For these patients, calcium should be stressed as a vital part of their diet. Many older people, as well as

younger people, are deficient in this area. If the patient does not like drinking milk, many alternatives are available. Cooking with milk or milk products is a good idea. Skim milk powder provides the same nutrients as milk and is less expensive to use.

By practising good eating habits, the elderly patient can prevent or slow down the progression of some of the previously mentioned problems. According to Canada's Food Guide, a diet for the elderly should consist of:

- 1) milk and milk products — 2 servings
- 2) meat, fish, poultry and alternates — 2 servings
- 3) fruits and vegetables — 1 to 2 servings rich in vitamin C
 - 1 serving rich in Vitamin A
 - 1 other serving
- 4) breads and cereals — 2 to 3 servings

Although the elderly require less calories because physical activity is decreased, nutrient needs do not decrease.⁸

Diet counselling for the elderly should follow the same format as with other patients with some special considerations:

- 1) determine economic status and living environment,
- 2) determine limitations or problems the patient may have with chewing or digestion, and
- 3) determine any medical problems which may contraindicate recommendations.

Diet tips for nutritional counselling with the elderly patient are:

- respect the patient, make suggestions, do not lecture
- speak clearly
- repeat important points
- write out a diet prescription in large, clear letters
- recommend drinking six to eight glasses of water per day
- recommend including fibre in their diet
- recommend cheaper cuts of meat which have less fat
- recommend substituting polyunsaturated fats for saturated fats

About the author: Kathy Truesdale is a dental hygienist practising in Hamilton, Ontario. Ms. Truesdale's article won the CDHA 1983 Student Journalism Competition.

References

1. Canada, Department of National Health and Welfare. Background Paper of the Demographic Aspects of Population Aging in Canada. Ottawa, 1982.
2. Natow, A.B. and Heslin, J. Geriatric Nutrition. Boston, CBI Publishing Company, Inc., 1980.
3. Alfano, M. and DePaola D. The Dental Clinics of North America-Nutrition. Philadelphia, W.B. Saunders Company, 1976.
4. Baker, K.A., Didcock, E.A., Kemm, F.R., Patrick, F.M., Effect of Age, Sex and Illness on Salt Taste Detection Thresholds. Age and Aging 12:159-165, 1983.
5. Exton-Smith, A.N., Caird, F.J. Metabolic and Nutritional Disorders in the Elderly. Bristol, John Wright & Sons Ltd., 1980.
6. Weg, R.B. Nutrition and the Later Years. Los Angeles: Ethel Percy Andrus Gerontology Center, University of Southern California, 1978.
7. Muroff, F.I. The Role of Nutrition in Periodontal Disease. Oral Health 10:15-16, 1979.
8. Canada. Department of National Health and Welfare. Canada's Food Guide Handbook (Revised). Ottawa, 1982.

alternatives

Executive Assistant for the Royal College of Dental Surgeons of Ontario: A new position for a Dental Hygienist

Linda Strevens, Dip., D.H., B.Sc.D

The Royal College of Dental Surgeons of Ontario is the governing body of the dental profession in Ontario. To practise dentistry or dental hygiene in Ontario, a dentist or dental hygienist must be registered and hold a current licence from the College (R.C.D.S.).

The prime function of the R.C.D.S. is to ensure a high standard of dental care for the public. As stated in the Health Disciplines Act, any dentist or dental hygienist failing to adhere to professional and ethical responsibilities is liable, upon proof, to disciplinary measures.

The Board of Directors or Council manages and administers the College's affairs. The Council is composed of nine geographically elected dentists, two dentists which represent each Faculty of Dentistry, three lay members appointed by the Lieutenant Governor, and two dental hygienists acting in an official observer capacity.

Under the direction of the Council, the administrative tasks of the College are performed by five senior staff members and 12 clerical staff members.

The employment of a dental hygienist to the staff of the College was suggested as a result of an increased workload and demand on the senior staff. It was agreed that many of the responsibilities concerning dental hygiene matters could be handled by a dental hygienist.

In February 1982, an R.C.D.S. memorandum was sent to all licensed dental hygienists in Ontario announcing the employment opportunity for a position as Executive Assistant with the College.

The responsibilities of this position were outlined as follows:

- 1) To plan, implement and co-or-



"This is a very demanding, but exciting position."

- dinate licensing examinations for dental hygienists
- 2) To design and conduct Continuing Education programs
- 3) To liaise with Community Colleges in Ontario which conduct dental auxiliary courses
- 4) To maintain statistical records
- 5) To assist in direction and leadership in matters relating to dental hygienists and the R.C.D.S.
- 6) To perform other duties relating to the general administration of the College.

I applied for the job and was hired as Executive Assistant, commencing my duties on August 30th, 1982. As this was a new position, I spent the first few months becoming familiar with the College's activities and administrative procedures.

The responsibilities have evolved into a very diversified and demanding position. Many of these responsibilities require me to establish a rapport and working relationship with the Council members and Committee Chairmen, with related professionals,

on an individual and group basis, and with the federal and provincial dental and dental auxiliary associations.

The following is an outline of some of my activities and responsibilities to specific committees of the College.

1) Education Committee:

i) Dental Hygiene Licensing Examinations — Licensing examinations are conducted throughout May and June in 11 community colleges across Ontario. I administer the examinations in each of the colleges which requires an average work day of 12 to 14 hours, five days per week, for six to seven weeks. The planning, implementing, and co-ordinating of the examinations begins in the early fall and continues until late July, ending with the completion of the supplemental exams.

ii) Continuing Education Program — My duties are to plan and implement these programs for dentists and dental hygienists throughout Ontario. The administrative tasks include budgeting, contacting clinicians, assembling and editing promotional and course materials, and researching available programs.

iii) Videotape Program — I review the resources currently available, order new materials when available and appropriate, and develop materials to meet the specific needs of dentists and dental hygienists in Ontario.

iv) Resource Program — I am responsible for researching and organizing information relating to any task assigned by the Education Committee of the R.C.D.S.

2) Ad Hoc Committee on the delivery of dental care to patients in institutions, public health and collective living centres:

My capacity with this Committee

More fluoride information urged

I would like to see more information on current concepts, beliefs, and research concerning fluoride and its use in the *Canadian Dental Hygienist*. I believe that most dental professionals are advocating the use of fluoride without knowing much about this compound.

I thoroughly believe in the benefits of fluoride's use but through my experience of unsuccessful (and successful!) water fluoridation campaigns, I've noticed that the public understands very little about fluoride. People go to their local dental professionals for information and often receive sketchy, inaccurate, or conflicting information. As dental professionals, whether we are in public health or private practice, we have the job of educating the public about oral health. Fluoride is a very big part of this. We need to agree on the issues. In order to agree, we must be thoroughly and accurately informed.

J. Millner-Lock
Peace River, Alberta

More scientific topics for convention

I am constantly being made aware of the efforts made by the CDHA to establish a more professional image for dental hygienists both with the general public and with others of the dental profession. I am appreciative of the moves made to expand the realm of duties of hygienists and for the continuing education which helps us grow and learn. But I am quite disappointed with the type of lectures that were offered specifically for hygienists at the '83 national convention. An entire morning session devoted to such topics as "Wardrobe Planning" and "Pre and Post Natal Fitness" does nothing to enhance our dental education or develop the professional respect for which we so diligently strive. Hopefully, we can manage to schedule more relevant subjects for our education in the future.

K. Beaton, RDH
Richmond, British Columbia □

alternatives

Continued from page 42

involves researching background information and then organizing and executing the directives of the Committee.

3) Ad Hoc Committee on Manpower:

My background with basic statistics assists me in developing surveys to monitor dental hygiene manpower. This includes formulating of objectives, selecting appropriate questions, developing a computer program along with the programmer, and analyzing the survey data for the Committee members.

4) Investigations:

When a complaint is received concerning the inappropriate use of dental auxiliaries, I pair with one of the other senior staff members to investigate the matter, which often means travelling throughout the province. During an interview, the woman-to-woman contact is less intimidating for the dental hygienist, dental assistant, or receptionist.

5) Other Administrative tasks:

i) Correspondence: I address particular concerns of dental hygienists, dental assistants, students, dentists, and the public.

In an average week, I may write 40 letters.

ii) Telephone: I answer queries about preventive dentistry, fluorides, x-rays, fees, and educational requirements.

iii) Meetings: I attend local society dental hygiene meetings across the province, as well as national and provincial board meetings, and professional development programs.

iv) Reading: to ensure that accurate information is provided to the public and the profession, I constantly read scientific journals and dental and dental auxiliary associations' publications.

This is a very demanding, but exciting position. My experience as a dental hygienist for 11 years, practising in Ontario, British Columbia, and Australia, returning to University for a Bachelor of Science in Dentistry degree, and teaching full-time for three years at the University of Toronto, Faculty of Dentistry, has provided me with the self-discipline and ability to encounter the day-to-day responsibilities of being the Executive Assistant of The Royal College of Dental Surgeons of Ontario. □

newsline

Continued from page 30

Samuel Green, Creative Marketing in Public Health Dentistry; Christine Wooley, Hospital Dental Hygiene; and Sylvie Frechette and Judith Langlois, L'Hygiene Dentaire des Enfants Handicapés Physiques.

Recruiting hygienists to help plan and execute the convention posed a problem for organizers. Only 12 of the over 400 members of the Quebec Dental Hygienists' Association (QDHA) are CDHA members. (In other provinces, hygienists take out joint membership between their province and CDHA, but, in Quebec, CDHA

membership is voluntary. A hygienist can join QDHA without joining CDHA, but she/he can not join CDHA without joining QDHA first). Since there was only a small pool of CDHA members to draw from, the majority of the work fell on the shoulders of Chairperson Lautar-Lemay, Louise Delorme, and Jocelyne Montpetit.

In appreciation for Chairperson Lautar-Lemay's time, energy, and expertise she directed towards organizing Quebec's first CDHA convention, QDHA honoured her with life membership in their Association, making Charla Lautar-Lemay the second life member in QDHA. □

self assessment test

Soft Tissue Examination

1. The clinical appearance of lichen planus in the oral cavity may be
 - a) an area of delicate, white linear markings
 - b) a plaque-like area on one or more parts of the mucosa
 - c) an area of ulceration or erosion
 - d) all of the above
2. Oral cancer occurs most commonly in
 - a) adult males
 - b) adult females
 - c) adolescent males
 - d) adolescent females
3. A muscle of mastication which may be overdeveloped in a patient/client with bruxism is the
 - a) glossopharyngeal
 - b) geniohyoid
 - c) masseter
 - d) lateral pterygoid
 - e) buccinator
4. If patient/client had a squamous cell carcinoma located in the middle portion of the lower lip, the first lymph nodes affected would likely be
 - a) submental
 - b) superficial cervical
 - c) submandibular
 - d) deep cervical
 - e) preauricular
5. A patient/client complains of pain in the floor of the mouth and notes a swelling that arises in this area while eating. This condition is most likely associated with
 - a) an inflammatory reaction
 - b) salivary duct calculi
 - c) a malfunctioning gland
 - d) a malignancy
 - e) mumps
6. The oral examination reveals multiple, asymptomatic, discrete yellow areas located in the mucosa of the lower lip, corners of the mouth, and bilaterally in the mucosa of the cheek area. This condition is most associated with
 - a) occluded minor salivary glands
 - b) incipient mucocoeles
 - c) Koplik's spots
 - d) ectopic sebaceous glands
7. During an extraoral examination, when palpating the entire length of the sternocleidomastoid muscle, the hygienist would be examining the
 - a) superficial and deep cervical lymph nodes
 - b) swellings of the submandibular gland
 - c) thyroid gland
 - d) supraclavicular lymph nodes
8. While examining the buccal mucosa, the dental hygienist notes a white keratinized area which approximately parallels the line of occlusion. This finding would probably be classified as
 - a) leukoplakia
 - b) linea alba
 - c) lichen planus
 - d) lines of Retzius
9. Upon clinical examination, the dental hygienist discovers a white, filiform lesion of 3 mm in diameter located on the posterior border of the soft palate. This lesion would likely be diagnosed as
 - a) leukoplakia
 - b) papilloma
 - c) fibroma
 - d) lipoma
10. A client with an ulcerated area, 3.0 cm in diameter on the lateral border of the tongue, complains of pain and constant soreness. The technique for examination of this area is
 - a) ask patient to extend his tongue for visual examination
 - b) bidigital palpation of the lateral borders of the tongue
 - c) grasp tip of tongue with gauze sponge and extend forward and laterally for visual examination
 - d) digital palpation of the dorsum of the tongue

Suggested references:

- Kerr, D.A. and Ash, M.M., *Oral Pathology*. Philadelphia: Lea & Febiger, 1978.
 Pindborg, J.J. *Atlas of Diseases of the Oral Mucosa*. Philadelphia: Saunders, 1980.
 Shafer, W., Hine, M., and Levy, B., *A Textbook of Oral Pathology*. Philadelphia: Saunders, 1980.

Ellen Stradiotti, Dip.D.H., B.A.
 Joan Voris, Cert. D.H., B.S.

Program of Dental Hygiene, Faculty of Dentistry
 University of British Columbia

Answers: to Self-Assessment Test

1. d 2. a 3. c 4. a 5. b
 6. d 7. a 8. b 9. b 10. c

It's your money! How should we use it?

Every year our Association faces new opportunities and problems in managing its finances. The Long Range/Financial Planning Committee needs your help in order to determine what the Association's financial priorities should be.

Please help us by taking a few minutes to answer the questions which follow and by providing your own envelope and stamp to mail your response to:

Sheryl Feller
C.D.H.A Long Range/Financial Planning Committee
Box 1052
Stonewall, Manitoba
R0C 2Z0

There are two major activities which use CDHA financial resources. These are:

- a) development of the association as a professional body (e.g. incorporation, membership recruitment), and
- b) member services (e.g. insurance, continuing education programs).

1. Please rank the following "association development" projects from one (top priority) to five to indicate the priority you feel each should receive.

- _____ Incorporation (C.D.H.A. would become a separate legal entity)
- _____ Development of the computerized information system (for membership and other data)
- _____ Membership recruitment
- _____ Other (specify) _____
- _____ Other (specify) _____

Comments or Questions: _____

2. Please rank the following "member services" in the same way (One-top priority).

- _____ Development of continuing education programs and materials.
- _____ Revision of the accreditation process for dental hygiene education process.
- _____ Insurance coverage
- _____ Development of processes to facilitate portability
- _____ Development of a research training fellowship for dental hygienists
- _____ Other (specify) _____
- _____ Other (specify) _____

Comments or Questions: _____

3. From all the projects listed in questions one and two, indicate which three you believe should receive top priority in terms of financial support.

4. Please share with us: any other comments, any raising ideas, or any questions you have.

Thank You!

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PINCHER CREEK, Alta. Full-time hygienist required immediately in busy three-man practice. Very attractive financial terms offered. Large hygiene area with new equipment. Located in Southwestern Alta. mountain recreation area. Please call Dr. Balfour or Dr. Steed at (403) 627-3290.

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DENTAL Hygienist required immediately for busy preventive-oriented dental practice in New Liskeard, Ontario. Applicants may apply in writing to: Dr. N. A. Campbell, Box 452, New Liskeard, Ontario P0J 1P0. Phone: (705) 647-3161.

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a) A two-year University programme in Dental Hygiene or

b) A Community College programme in Dental Hygiene plus one year of a University programme consisting of at least five full courses at a level beyond Ontario grade 13 (or Canadian equivalent).

The year must include first year English, Biology (with laboratory component), Chemistry (with laboratory component). Psychology and/or Sociology are strongly recommended.

For further information on courses and application procedures call or write: Mai Pohlak, Faculty of Dentistry, University of Toronto, 124 Edward Street, Toronto, Ontario M5G 1G6. Phone (416) 978-4413.

FULL TIME hygienist needed for large group practice. Presently there are six full time hygienists working. We have eighteen dentists, one orthodontist and one periodontist (as of July/84). We are looking for a caring, quality conscious individual who is able to work well in a team situation. Prince George is the third largest city in B.C. and provides a great variety of conveniences as well as recreational opportunities. For more information contact Mr. Paul Minck (604) 562-5551.

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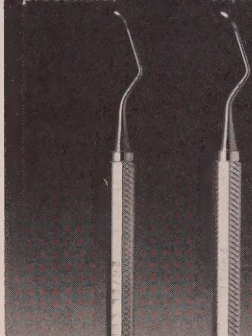
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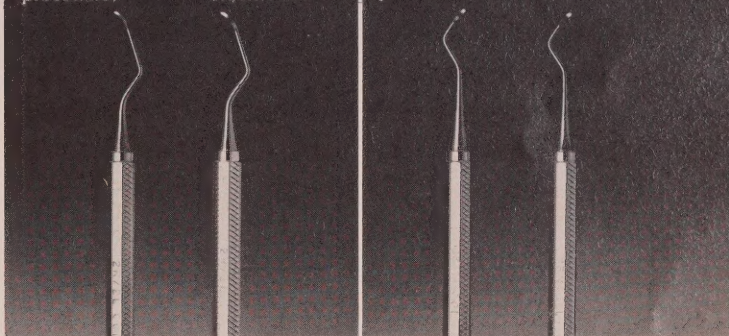
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References: 1. Ostrom, C.A. et al., J Dent Res, 56(3):212-221, 1977. 2. Arends, J., ten Cate, J.M., J Cryst Gro, 53:135-147, 1981. 3. Silverstone, L.M., Caries Res, 11 (Suppl. 1):59-84, 1977. 4. Data on file at Procter & Gamble, Inc. 5. Mobley, M.J., J Dent Res, 60(12):1943-1948, 1981. For further information, please contact Crest Professional Services, P.O. Box 355, Station A, Toronto, Ontario M5W 1C5

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VOLUME 18, NO. 3

cover story

Fall is the season when we think about our education. We think about how we can continue to develop our spirits, bodies, and minds. Some of us think about continuing our academic education by enrolling in post-diploma programs which will qualify us to contribute to dental hygiene education and research. To help graduate hygienists attain their academic goals and, in turn, benefit the entire dental hygiene profession, the Canadian Fund for Dental Education provides fellowships and financial awards. October marks the kick-off of CFDE's annual campaign. This fall, give to the growth and development of our profession; use the "make-your-own envelope" on page 63 to mail your tax deductible donation and help us help ourselves.

staff/ l'atelier

Editor/Redacteur en chef
Stephanie Nagle
3767 Victoria Blvd.
Windsor, Ontario N9E 3L7

Publisher/Editeur
Advertising Manager/
Gérant de la publicité
J.S. Woloschuk
Subscriptions Manager/
Gérant des abonnements
Controlled Publications
680 E.C. Row,
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Windsor, Ontario N9A 6P4
(519) 966-7411

Advisors/Counseillers
Joan Voris, 3589 Osler Street,
Vancouver, B.C. V6H 1M3

Marjorie Dimitri
1606 Ayleslynn Drive,
Vancouver, B.C. V7J 2T3



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THE CANADIAN DENTAL HYGIENIST is the official journal of the Canadian Dental Hygienists' Association and is published quarterly.

All journal communications should be directed to the Editor, except subscription and advertising matters which should be addressed to the respective staff members.

Subscription rates for non-members are: \$15.00 per year in Canada and \$22.50 per year foreign.

The opinions expressed in editorials or articles are those of the authors and do not necessarily represent the views of the Association, the Publisher or the Editor.

L'HYGIENISTE DENTAIRE DU CANADA est la revue officielle de l'Association des hygiénistes dentaires du Canada et est publiée à tous trois mois.

Toutes communications ayant trait à la revue devraient être adressées au Rédacteur en chef, à part les abonnements et tout ce qui concerne la publicité, ce qui, de leur côté, devraient être adressés aux membres du personnel respectifs.

Les tarifs d'abonnements pour les non-membres sont les suivants: \$15.00 par année au Canada et \$22.50 par année en pays étranger.

Les opinions exprimées dans les éditoriaux ou dans les articles celles des auteurs et ne représentent pas nécessairement les points de vue de l'Association, de l'Editeur ou du Rédacteur.

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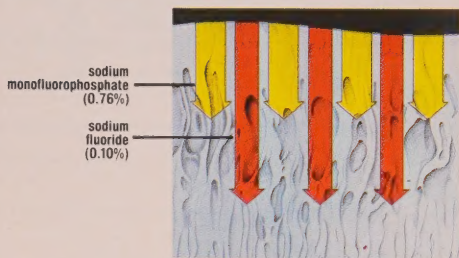
How Colgate's two fluoride formula achieves more complete remineralization resulting in nearly double the cavity protection of a single fluoride formula.*

A major role of fluoride in cavity prevention is to accelerate the process by which demineralized enamel is rebuilt.⁽¹⁻⁴⁾ This reverses white spot lesions which would otherwise become cavities.

Today's Colgate is the first toothpaste with two fluorides—sodium monofluorophosphate at 0.76% and sodium fluoride at 0.10%. Their differing molecular structures mean that these fluorides may work in different ways in tooth enamel. The result at these concentrations, is more complete remineralization of white spot lesions than either can achieve alone.

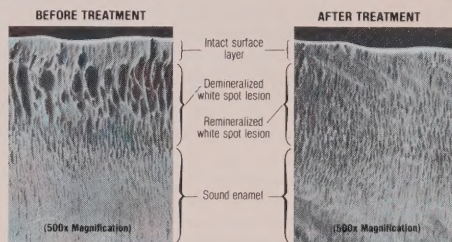
Why these two fluorides remineralize more completely.

It has been postulated that fluorides reach white spot lesions by penetrating enamel through the interprismatic spaces. Sodium monofluorophosphate, being a larger molecule, reacts with enamel primarily at the surface of a white spot lesion. Sodium fluoride, a smaller molecule, penetrates deeper into the lesion.



Working at different levels, the two fluorides may complement each other, enhancing remineralization over a greater area of the lesion than a single fluoride* alone.

This complementary action means more fluoride is available to enhance remineralization over a greater depth of the lesion than is provided by either fluoride alone.^(5,6)



This more complete remineralization has been demonstrated in laboratory studies⁽⁷⁾ and can be seen in the photomicrographs above.

Clinical studies show nearly double the cavity reduction.

Colgate with this two fluoride concept was tested in a three year clinical study.⁽⁸⁾ The results—Colgate's two fluoride formula provided 27.0% reduction in new caries versus 13.8% for the single fluoride positive control* (DMFT).

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*Sodium monofluorophosphate (0.76%)

REFERENCES

1. Silverstone, L.M., Proc. Roy. Soc. Med., **65**, 906, 1972.
2. Koulourides, T., et al, Ann. N.Y. Acad. Sci., **131**, 771-775, 1965.
3. Von Der Fehr, F.R., et al, Caries Res., **4**, 131-148, 1970.
4. Levine, R.S., Brit. Dent. J., **138**, 249-253, 1975.
5. Slater, P.J., et al, Abstract No. 72, ORCA Conference, July 1982, Annapolis.
6. Hayes, H., et al, J. Dent. Res., **61**(4), 541, 1982.
7. Harvey, K., et al, J. Dent. Res., **61**, 243, 1982.
8. Hodge, H.C., et al, Brit. Dent. J., **148**, 201-204, 1980.



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REFERENCES:

1. LAMSTER, I., et al.: Clin. Prev. Dent., 6:12 (1983).
2. MENAKER, L. et al.: Ala. J. Med. Sci., 16:71 (1979).
3. ROSS, N.M., et al.: Warner-Lambert research report #955-0875 (1976).
4. YANKELL, S.L., et al.: Warner-Lambert research report #955-0893 (1976).

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comment

To Print or Not to Print: Who Decides?

A few weeks ago I had a phone call from a concerned member inquiring about how we select our scientific articles for *The Canadian Dental Hygienist/L'Hygieniste Dentaire du Canada*. "Who decides what should be accepted for publication and what should be rejected?" she asked. Perhaps you too have wondered about this. If so, please allow me to introduce you to our manuscript review process.

About four years ago, I began forming what has now become our manuscript review board composed of individuals with extensive background knowledge in dental and dental hygiene education, community dental health, clinical dental hygiene, and dental research. The board's responsibility is to critique all papers submitted for consideration for publication in our journal.

Between June 1983 and June 1984, 11 papers were submitted to our journal for consideration for publication. Two members of the manuscript review board reviewed each paper. Some papers required a second review after the authors revised them. The name of the author remained anonymous throughout the review. Because of the copious amount of correspondence involved, some papers took as long as eight months to complete. The board accepted seven papers, rejected three, and is still in the process of reviewing one of them.

Some questions taken into consideration by the reviewer doing a critique are: Could some sections of the manuscript be amplified, condensed, or deleted? Could any of the content of the paper constitute fraud or misrepresentation? Are the references accurate, adequate, and pertinent? and, Would the paper be more suitable for another publication?

Individuals who provided assistance in reviewing manuscripts last year were:

Marjorie Dimitri, Dip. D.H., M.Ed.
Vancouver, B.C.

Joan Voris, Dip. D.H., B.Sc.
Vancouver, B.C.

Bonnie Craig, Dip. D.H.
Vancouver, B.C.

Shirley Gelskey, Dip. D.H., M.P.H.
Winnipeg, Manitoba

Margaret Miller, Dip. D.H., B.A.
Winnipeg, Manitoba

Marnie Forgay, Dip., D.H., M.Ed.
Winnipeg, Manitoba

Mai Pohlak, Dip., D.H., M.Ed.
Toronto, Ontario

Brook Gardner, D.M.D., M.Ed.
Windsor, Ontario

Sharon French, Dip. D.H. M.Sc.
Ottawa, Ontario

Christopher Clark, D.D.S., D.D.P.H.
Montreal, Quebec

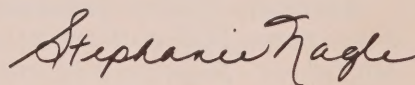
Kate MacDonald, Dip., D.H., M.Ed.
Halifax, Nova Scotia

Suzanne Knox, Dip. D.H., M.Ed.
Halifax, Nova Scotia

Our Association salutes these reviewers and gratefully acknowledges their guidance and feedback they provided in determining which articles meet our readers' needs.

In the coming year, we hope to increase the number of reviewers to obtain better regional representation. We will also enlist the help of our reviewers in seeking out manuscripts on the subjects you have told us you prefer through our readership surveys. (Incidentally, the results of our second readership survey are in this issue's "Newsline" section and I would like to extend a large thank-you to the 125 readers who took the time to complete the survey. Your feedback is invaluable to us in planning future issues and in determining where we need improvements.)

Keep those cards and letters and phone calls coming. □



Stephanie Nagle
Managing Editor

Readers rate journal's editorial and design appeal

The average reader of *The Canadian Dental Hygienist* reads most of every issue, prefers to read articles about periodontics and dental health education, and is in charge of ordering their own supplies at their workplace.

Those are the results of our second readership and marketing survey included as part of the spring issue of *The Canadian Dental Hygienist*. One hundred and twenty-five out of about 2400 CDHA members completed the questionnaire, a somewhat low response rate, but still useful as a general predictor of readers' preferences and buying habits in their workplace.

The survey showed that *The Canadian Dental Hygienist* readers are thorough readers. Approximately 40 percent of the surveyed readers said they read all of each issue, and 48 percent said they read most of it. Twenty-six percent of readers surveyed said that they passed their copy to others to read as well.

The Canadian Dental Hygienist has "staying" power, the survey showed. Seventy-two percent of readers said that they kept copies of *The Canadian Dental Hygienist* for more than one year. Ten percent kept copies for six to 12 months; eight percent kept copies for three to six months; and ten percent kept copies for three months or less.

Asked to rate *The Canadian Dental Hygienist's* editorial content, 92 percent of surveyed readers rated the quality of writing as good. Sixty-five percent rated the range of subjects covered and their pertinence as good, and 45 percent rated the journal's applicability to daily practice as good. (The rating in this area dropped from 56 percent reported in our first readership survey conducted in May 1982 perhaps because the issue which carried our second survey featured a paper about dental hygiene students as its major article rather than a clinically-oriented article.)

In rating *The Canadian Dental Hygienist's* performance in the area of design elements, over 85 percent of readers surveyed rated the readability/

typesize of the print and the paper used as above average; 63 percent rated the design and layout above average; 63 percent rated the covers above average; and 48 percent rated the photos and illustrations above average. Results showed that readers judged all areas of design elements to have improved in appeal in comparison to results from our first readership survey. The area showing the most improvement was the cover design which was only rated as above average by 48 percent of readers in our first survey. Even though the rating for our photographs and illustrations was higher this time than that indicated by readers surveyed two years ago, it is still somewhat low and we may have to consider hiring a professional photographer for some events if we are to improve the journal's appeal in this area.

Several respondents attached comments to their survey and they will be featured in this issue's and next issue's "letters to the editor" section.

Readers ask for little French content

Of the 80 readers who indicated the percentage of French they would like to see in the journal, 70 percent felt that they would not like any French editorial copy in the journal. Twenty-three percent (18 readers) indicated that a percentage between one and 49 would be appropriate, and seven percent (6 readers) felt that the journal should contain half French content. A handful of the surveyed readers added that they would like to see a separate French issue published for Francophone hygienists, along with a totally English issue for Anglophone hygienists.

That the majority of readers preferred no French content may be explained by the fact that most Francophone hygienists live in Quebec and only four percent of Quebec hygienists are CDHA members, meaning that most Francophone hygienists did not receive the spring issue of *The Canadian Dental Hygienist*; therefore, they did not respond to the survey.

Self-assessment test rated most popular

Among the 125 readers responding to the survey, by far the most popular journal department was the "self-assessment test". Eighty-nine percent of readers surveyed rated it as very interesting (68 percent) or interesting (21 percent). A few readers added that they would appreciate more explanation of the correct answers.

Some 81 percent of the surveyed readers found the "alternatives" section to be very interesting (35 percent) or interesting (46 percent) making it the second most popular department.

The two next most popular departments were "newsline" and "abstracts". Seventy-five percent of the readers described "newsline" as very interesting (25 percent) or interesting (61 percent) and 75 percent of the readers described "abstracts" as very interesting (17 percent) or interesting (58 percent).

Some 68 percent of the survey respondents found the "comment" editorial page to be very interesting (19 percent) or interesting (49 percent).

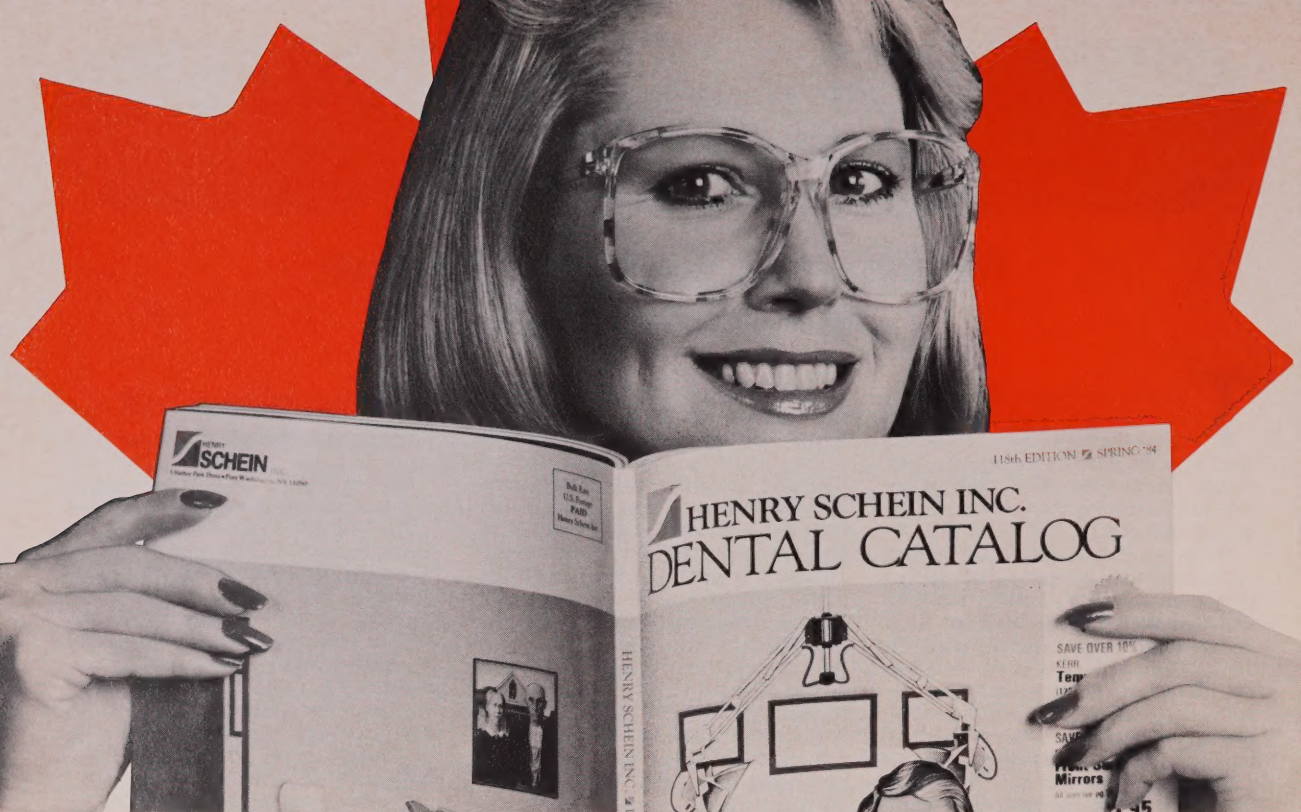
Approximately 68 percent of surveyed readers said that they found the "classified advertising" department as very interesting (27 percent) or interesting (41 percent).

Some 64 percent of readers indicated that they found the "letters to the editor" department as very interesting (14 percent) or interesting (50 percent).

The least popular department was "Book Reviews" which 44 percent of survey readers rated as very interesting (7 percent) or interesting (37 percent).

More periodontics articles urged

The Canadian Dental Hygienist readers strongly preferred scientific articles about periodontics, dental health education, and professional concerns which were also the three most preferred subjects reported in our first



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readership survey. The two least preferred topics were restorative dentistry and oral biology. The topics in order of preference were:

1. periodontics (58 percent)
2. dental health education (51 percent)
3. professional concerns (46 percent)
4. oral pathology (38 percent)
5. orthodontics (33 percent)
6. nutrition (32 percent)
7. geriatric dentistry (31 percent)
8. emergency procedures (30 percent)
9. communications (23 percent)
10. paedodontics (18 percent)
11. prevention of dental caries (18 percent)
12. oral biology (14 percent)
13. restorative dentistry (11 percent)

Data from this readership survey will be used to plan future issues of *The Canadian Dental Hygienist*. More articles about periodontics are being solicited which should improve the journal's rating in the area of "applicability to daily practice."

Readers have buying power

Nearly 70 percent of *The Canadian Dental Hygienist* readers are in charge of ordering some dental supplies at their place of work, the survey showed. Ninety-two percent of those readers responsible for ordering supplies indicated ordering toothbrushes for their office. The rating of supplies from most frequently ordered to least frequently ordered supplies indicated by readers responsible for ordering supplies in their workplace was:

1. toothbrushes (92 percent)
2. scaling instruments (90 percent)
3. dental floss (89 percent)
4. topical fluoride (79 percent)
5. disclosing tablets (69 percent)
6. proxbrushes (63 percent)
7. stimulents (55 percent)
8. fluoride mouthrinse (54 percent)
9. rubber tip stimulators (49 percent)
10. toothpaste (40 percent)
11. mouthwash (32 percent)

The most common supply indicated in the "others" category was dental health education supplies (9 percent).

Readers of *The Canadian Dental Hygienist* are regular consumers of uniforms, shoes, and hose, the survey showed. Of the 98 surveyed readers who said that they purchased uniforms for work, 38 percent indicated purchasing one uniform per year; 40 percent said they purchased two uniforms per year, and 22 percent said they purchased three or more uniforms per year.

Of the 81 surveyed readers who said they purchased white duty shoes for work, most (66 percent) indicated

they purchased one pair per year, 19 percent said they purchased two pairs per year; 11 percent said that they purchased one pair every two years; and 5 percent stated that they purchased a pair every three years.

Of the 61 readers surveyed that said they purchased white hose, 72 percent indicated purchasing between one and a dozen pairs per year and 28 percent indicated purchasing between 13 and 100 pairs per year.

Data from this part of the survey will be used to attract new advertisers for *The Canadian Dental Hygienist*.

Computer purchased for CDHA central office

A major evaluation of the data processing needs of CDHA was undertaken during 1984. System requirements were reviewed giving particular consideration to a more efficient access of information and future CDHA needs including statistical data. As a result the Board of Directors of the Canadian Dental Hygienists' Association has purchased an IBM/XT personal computer to be installed at the CDHA Ottawa office.

To ensure continuity, Tetrad, in Vancouver, who has been handling our computer needs including the membership campaign, has agreed to continue with our present system until the micro-computer system is fully operational.

The new system will be able to: maintain membership lists; provide sort capabilities; produce mailing labels, membership cards, receipts, reports, and personalized letters; and handle basic bookkeeping.

It is hoped that this new system will provide all board members, committee chairmen, and provincial associations with greater and easier access to information, with less time delay and at a reduced cost.

Six most asked questions about CDHA malpractice insurance

1. What is professional liability?

Coverage is provided for any claims arising from negligence or alleged negligence in the performance of your duties as a dental hygienist. Legal fees incurred in the investigations of a claim are included in this coverage.

2. Who is covered?

All active and life members in good standing with the Canadian Dental Hygienists' Association have coverage for professional liability.

3. How much coverage do I have?

The policy limit is \$1,000,000 per claim and \$3,000,000 per policy period.

4. What if I change the type or loca-

tion of my employment?

This policy covers you for services you render as a dental hygienist regardless of the type of practice setting or the province or territory in Canada where it is performed.

5. What if I am self-employed?

Coverage is based on your membership in the Canadian Dental Hygienists' Association regardless of your terms of employment.

6. What do I do in case of a claim?

Should an incident occur which has led to or might lead to a claim, contact Merit Insurance Brokers, 5400 Yonge St., Willowdale, Ontario (416-226-6950). Do not take any action on your own.

CDA Board of Governors Passes Two Resolutions Affecting Dental Hygiene Education

The CDA Board of Governors reinstated our Association's voting privileges on the CDA's Council on Education and Accreditation (formerly known as the Council on Education) during their interim meeting held in Montreal in April.

The voting privileges of representatives of CDHA and CDAA (Canadian Dental Assistants' Association) on the Council on Education and the Council on Health Care were revoked in the fall of 1981. The rationale for this action was that only CDA members should be entitled to vote on CDA funded councils. Both the CDHA and the CDAA appealed to the CDA Board of Governors to reconsider their decision. The CDHA was particularly concerned about their status on the Council on Education because of this council's responsibility for the accreditation of dental hygiene programs. The reinstatement of our voting privileges on this council ensures us a voice in making policies which directly affect the standard of dental hygiene education in Canada.

Our representative to the CDA Council on Education and Accreditation is Kate MacDonald, former Director of the School of Dental Hygiene, Dalhousie University and life member of CDHA.

In a separate resolution, the CDA Board of Governors lifted the moratorium for conducting accreditation surveys of Quebec dental hygiene programs. The CDA Council on Education had imposed the moratorium in 1982 to allow time for the development of standards for expanded duty restorative functions, a part of basic dental hygiene education in Quebec schools. Despite the fact that these

Continued on page 58

standards have not yet been finalized, the moratorium has been lifted; this is welcome news to several of the Quebec programs in dental hygiene whose accreditation status expires this year. The Council on Dental Education and Accreditation also expressed concern about these programs and a motion was passed at the CDA Council on Education Meeting in June recommending that the accreditation status of dental hygiene programs expiring in 1984 be extended to 1985.

The CDA Council on Health Care has also proposed that the voting privileges of the CDHA and the CDAA be reinstated on their council, and a resolution stating this may be placed

before the CDA Board of Governors at their next annual meeting. CDHA is represented by Peggy Larder, an assistant professor of dental hygiene at Dalhousie University, on this council.

Dalhousie CE Courses Attract Record Number of Hygienists

Dental hygienists in Atlantic Canada recorded the highest rate of attendance for more than ten years at the continuing education courses offered by Dalhousie University. In the 1983-84 program 150 hygienists registered. Of these, four were from Newfoundland; five from P.E.I., 19 from New Bruns-

wick, and 122 from Nova Scotia. This represents more than 60% of the hygienists registered in these provinces.

The continuing education program offered by the Faculty of Dentistry at Dalhousie is offered for both dentists and dental hygienists. This year however, several courses were developed for the needs of dental hygienists. Ortho for Dental Hygienists, a participation course, attracted 24 people from three provinces. A week-long re-entry course for dental hygienists wishing to return to practice was given in May. A refresher course for hygienists working in public health was offered in June.

More than 90% of full-time faculty in the School of Dental Hygiene participated in presenting courses. This is a voluntary activity on the part of faculty. They see the continuing education program as a stimulus to do further work in their own areas and as a vehicle through which they have meaningful contact with practitioners. The School of Dental Hygiene at Dalhousie is indeed fortunate to have such a good relationship with the community.

Dental hygiene re-entry course a first

Canada's first week-long dental hygiene course for re-entry into the workforce was held at Dalhousie University recently and eight "lapsed" hygienists took part.

Approximately 350 people, all women, have graduated from the Dalhousie school of dental Hygiene which opened in 1961. Those who have taken time off to raise families found themselves in a difficult position when they wished to resume their careers.

In order to practise, a dental hygienist must be registered with a provincial dental licensing body. These bodies have been reluctant to relicence dental hygienists who have been inactive, for fear their skills may have diminished. Unfortunately, there has been no opportunity for these people to retrain.

The re-entry program was instituted in the belief that a course review, instruction in technical innovations and a refresher program in practical job skills would be sufficient in most cases to allow inactive hygienists to regain technical proficiency, said Kaileen Vaisson, co-ordinator of continuing dental education at Dalhousie.

When Saint John, N.B., resident Charlotte Munro applied for a licence renewal after spending 16 years as a housewife, the New Brunswick Dental Board turned her down. Munro, a Dartmouth native who graduated from Dalhousie's School of Dental Hygiene

Continued on page 60

CDHA Membership Figures as of May 1984

Province	Local Society	# of Members	# of Non-members	% by Society	% by Province
British Columbia		499	162		75%
	Greater Vancouver	315	97	76%	
	Interior	90	31	75%	
	Upper Island	23	12	65%	
	Victoria	54	9	85%	
	Other areas	17	13	56%	
Alberta		352	235		58%
	Northern	199	109	64%	
	Southern	130	81	61%	
	Other areas	23	45	33%	
Saskatchewan		83	33		72%
Manitoba		142	127		54%
Ontario		1106	1271		46%
	Huron Bruce	9	9	50%	
	Durham	57	80	41%	
	Renfrew	9	11	45%	
	Nipissing	7	16	30%	
	Hamilton	86	82	51%	
	Windsor	49	72	40%	
	Simcoe	25	46	35%	
	Kingston	22	26	45%	
	London	57	46	55%	
	Muskoka	8	6	57%	
	Niagara	56	51	52%	
	Ottawa	137	96	58%	
	Peterborough	15	15	50%	
	Sarnia	17	32	34%	
	Sudbury	28	39	41%	
	Thunder Bay	34	28	54%	
	Waterloo/Wellington	70	53	56%	
	Toronto North	168	202	45%	
	Halton/Peel	106	110	49%	
	Toronto Central	148	152	49%	
	Other areas	29	76	27%	
	Algoma	14	23	37%	
Quebec		41	971		4%
	Montreal	27	131	17%	
	Quebec	3	70	4%	
	Rive-Sud	2	4	33%	
	Trois Rivières	1	3	25%	
	Other areas	8	763	1%	
Nova Scotia		143	107		57%
New Brunswick		45	16		73%
Prince Edward Island		11	14		44%
Newfoundland		15	11		57%
Territories		1	0		100%

*Note: These figures include those who are an Active member in one province and an Associate member in another; however, they are representative of a realistic percentage nationally of 51%.

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There's no life like it.

in 1964, was one of several dental hygienists pushing for a new method of requalification. She quickly signed up when the school of Dental Hygiene, led by the efforts of faculty member Kate MacDonald, received aid from the Nova Scotia Department of Education and the federal Department of Manpower and Immigration to help with funding for a one-week re-entry course.

Eight people enrolled in the course — five from Nova Scotia, two from New Brunswick, and one from Ontario — at a fee of \$500. Six instructors from the school and five from various departments of the Faculty of Dentistry gave a review of current skills and knowledge necessary to practise as a dental hygienist. The registrants took lectures in radiology, dental oncology, periodontics, fluorides, and related topics. They were tested on clinical skills through practical exercises at Dalhousie's dental clinic.

"Basically, we're doing the same thing as before, but there are new instruments and we work sitting down instead of standing up," said Munro midway through the course. "But the differences aren't that great and we still have the knowledge. It comes back."

Munro said she found things more comfortable than when she originally attended the school. Each hygienist now has her own cubicle in which to work.

Susan Sutherland, of Bedford, is another who enrolled in the re-entry course. She has not worked full-time as a hygienist for seven years.

"I've found it very valuable for re-conditioning," she said. "Both the practical instruction and the lectures have been worthwhile."

While the school cannot guarantee the students they will be relicensed, the dental hygienists are glad to have had the opportunity to sharpen their skills and hope a method will be found for them to gain employment. There is, they say, a definite demand for people in the profession, especially outside of metropolitan Halifax. □

scientific news

Dental Caries Being Attacked by New Methods

Scientists at the University of Toronto's Faculty of dentistry headed by Dr. Jim Sandham, professor of microbiology, are fighting dental caries by using a non-pathogenic strain of bacteria to replace the wild variety believed primarily responsible for this universal problem.

Years of investigation into ways to eliminate cavities have pointed the

finger at sugar and recommended fluoridation of water supplies and proper oral hygiene. Researchers have reached the point of developing a vaccine to prevent caries, but no laboratory has come up with anything concrete.

Dentists are quite aware of the direct relationship between caries and dental plaque composed largely of some 25 varieties of bacteria. Infections by the bacterium *Streptococcus mutans* are generally accepted as the major cause of caries.

Dr. Sandham says, "*S. mutans* is uniquely adapted to colonize on tooth enamel where it ferments diet sugars

to form lactic acid which in turn demineralizes the teeth. Mutant strains of *S. mutans*, originally developed by Dr. Jeffrey Hillman in Boston, lack lactate dehydrogenase (LDH) and so cannot produce the acid. Our team has isolated certain mutants of *S. mutans* that appear to have strong human tooth colonization properties so that they should prevent tooth decay."

Those working on the LDH-deficient mutant project include Dr. Heba Salem and Dr. Sneha Abhyankar, graduate dentists from Egypt and India respectively. Dr. Fan Ming Wen, from Mainland China, had earlier worked 18 months in this research, made possi-

Saudi Arabia

the challenge is as exciting as the change

The challenge exists at the King Faisal Specialist Hospital and Research Centre, one of the world's most advanced medical facilities, located in Riyadh, Saudi Arabia. The Hospital encompasses a specialty referral complex, a medical care facility, a Cancer Therapy Institute and large out-patient clinics. One of these clinics includes a complete Dental Department.

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ble by support from the Ontario Ministry of Health and Medical Research Council.

Dr. Sandham is also coinventor, with Dr. Tom Balanyk, of a special varnish recently granted approval for clinical testing by the federal Health Protection Branch. The varnish is used by adding it to antimicrobial agents such as erythromycin and chlorhexidine. After application, the slow release of the antibiotic allows its penetration into cracks and crevasses of the teeth. It may also clear up some forms of periodontal disease. Remnants of the varnish are easily removed with mouth wash. "The only problem," Dr. Sandham quips, "is that booze of any kind would remove the varnish. It has to stay on the teeth for 7-14 days."

Dr. Sandham explained that the LDH mutants could be used to intentionally infect children shortly after they get their first teeth, thus preventing harmful streptococci from occupying the child's oral "living space". Despite the theoretical possibilities, work in laboratory animals is still required to determine whether LDH mutants are genetically stable, resistant to antibiotics, and if their use actually stops reinfection with wild-type *S. mutans*.

Reinfection by *S. mutans* might be stopped in other ways: a vaccine could be administered to prevent recolonization since antibodies reduce adherence of bacteria to teeth, and *S. mutans* might be eliminated from human population groups completely using the varnish in families or even whole villages. It is a long term, but exciting possibility.

Written by James Ashwin, PhD

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Mail to: Jo Gardner, 1125 W. 54th Ave., Vancouver, B.C. V6P 1N3

A CFDE First: Two Special CFDE Fellowships Awarded to Dental Hygienists

The Canadian Fund for Dental Education is pleased to announce that for the first time two dental hygienists have been selected as the recipients of the:

CFDE Fellowship for an existent university dental teacher sponsored by *Warner-Lambert Canada Inc.*, and for the *Henry M. Thornton Fellowship*.

The award sponsored by Warner-Lambert is offered annually to provide an opportunity for an established teacher in one of the Canadian schools of dentistry or dental hygiene to refresh and extend his/her knowledge in any field of dental education and research. The fellowship was first awarded in 1971 and it carries a value of \$2,500.

Candidates must be full-time members of the teaching staff of one of the Canadian dental or dental hygiene schools with a minimum of five years teaching experience, and the program of study must be defined and well organized to ensure benefit to the individual and his/her school.

From among all applicants, Mrs. Peggy Larder of the School of Dental Hygiene at Dalhousie University was chosen as this year's recipient of the award.

Mrs. Larder's program of study is entitled 'Dental Care for the Disabled' and is offered through the University of Washington School of Dentistry. The four week traineeship includes comprehensive didactic instruction and clinical experience in dental care of the moderately to severely disabled patient. The program is designed for dentists, dental hygienists, and dental assistants who wish to increase their competence in the management of chronically ill, developmentally disabled and physically handicapped children and adults, both institutionalized and homebound.

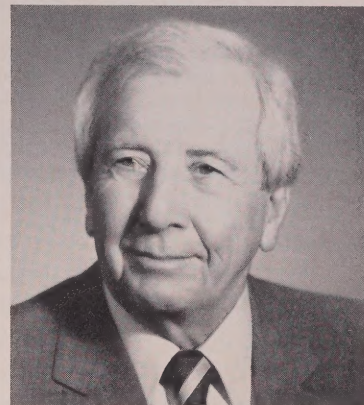
The CFDE Henry M. Thornton Fellowship was established by CFDE's Trustees in 1981 in appreciation and recognition of Mr. Henry M. Thornton's effective leadership in support of dental education and dental health in Canada. The award is given to the most deserving fellowship candidate and has an added value of \$1,000.

This year Mrs. Patricia Johnson was selected as the fellowship recipient. Mrs. Johnson will embark upon a Ph.D. program in Community Health (Health Policy and Administration) at the University of Toronto this fall.

Teacher Training Fellowships

In addition to the above grants, teacher training fellowships were awarded in 1984 to Ms. Gloria Moor who will pursue a M.Sc. in Education

degree for Allied Health Professionals at the University of Kentucky, and Mrs. Mickey Wener who is enrolled in a Master's program in Adult and Post-Secondary Education at the University of Manitoba. One further fellowship was awarded this year; however, the recipient has decided to postpone her studies.



Murray McDonald In Memoriam

Murray McDonald, Executive Director of the Canadian Fund for Dental Education for fifteen years, died in Toronto on June 9, 1984, after a brief illness. He will be remembered as a man of great ability combined with a warmth and understanding that earned him the respect and, indeed, the affection of all who knew him.

Mr. McDonald joined the dental profession in 1967 after a distinguished career with Wrigley Canada Inc. for twenty years. From 1967 to 1975 he served dentistry in the dual capacity as Comptroller of the Canadian Dental Association and Executive Director of the Canadian Fund for Dental Education. In 1975 he resigned from his position as CDA Comptroller to devote his time and efforts exclusively to the success of the Canadian Fund for Dental Education. He retired from full-time employment in 1982 and since then had served as Consultant to the Fund.

Mr. McDonald was an Honorary Fellow of the International College of Dentists, an Honorary Member of the Canadian Dental Hygienists' Association, Past Master of Ashlar Masonic Lodge, former Director of the Canadian Nature Federation, a member of the Summit Golf & Country Club, the Toronto Dominion Club and the Toronto Investment Association.

In Murray the dental health team in Canada loses a true friend. He will be greatly missed. □

October is cfde/fced month

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Dental Hygienists' Associations — 1983

- Alberta Dental Hygienists' Association
- British Columbia Dental Hygienists' Association
- Canadian Dental Hygienists' Association
- Halton-Peel Dental Hygiene Society
- London & District Dental Hygienists' Association
- Manitoba Dental Hygienists' Association
- New Brunswick Dental Hygienists' Association
- North Toronto Dental Hygienists' Society
- Ontario Dental Hygienists' Association
- Ottawa Dental Hygienists' Society
- Saskatchewan Dental Hygienists' Association
- Thunder Bay Dental Hygienists' Society

October is cfde/fcde month

Dear Colleagues;

October and the Canadian Fund for Dental Education are synonymous to me. I would like to share with you my personal involvement with CFDE and invite you to join with me in support of the Fund's goal — improvement in the level of health care in Canada.

CFDE supported my return to full-time studies with three half fellowships (\$1,000 each) for a Bachelor of Science in Dentistry program at the U. of T. and year one in a Master of Science in Community Health program. While the second year of this Master's program has been supported through other awards, I again applied for support for my upcoming doctoral program. I am honoured as the first dental hygienist to receive the Henry M. Thornton Fellowship (\$1,000) in addition to a half fellowship (\$2,500). The moral and financial support extended by CFDE has been a factor in my subsequent receipt of other non-dentally specific fellowships.

The Fund exists through the donations of dental health professionals, organizations, and corporations. Warner-Lambert Canada Inc. and Proctor and Gamble Inc. merit special mention; they each sponsor specific dental hygiene awards. The donations from dental hygienists constitute an investment in the Fund and in our collective future. Personal contributions of any amount have a positive effect on corporate funding. By sending CFDE a cheque today, we can create a potential snowball effect. Our donations will be allocated to 'dental hygiene' if these words appear on our cheques. Donations, of course, are tax deductible.

CDHA makes the largest contribution of any dental health professional association. However, at the individual level, the number of dentist contributors proportionately exceeds the number of dental hygienist contributors. Please invest in the dental health of Canadians and in your professional future.

Patricia M. Johnson, Dip.D.H.,
B.Sc.D

Dear Colleagues;

I'm writing personally to ask you to become a contributing member of CFDE. To me, CFDE represents a significant effort by an organization to reach out and encourage participation in upgrading one's teaching skills.

As a recipient of CFDE teaching fellowships in both 1975 and 1976, I was able to pursue an undergraduate degree and begin a teaching career in dental hygiene. This year, I have been awarded the CFDE Fellowship for a University Dental Teacher sponsored by Warner-Lambert Canada Inc. This Fellowship will allow me to attend a four week traineeship providing both didactic instruction and clinical experience in dental care of the disabled patient at the University of Washington in Seattle.

I have benefited greatly from CFDE, but I also feel the dental hygiene profession benefits. The education of dental hygiene students is important to CDHA. It is programs such as the Teaching Fellowships that allow dental hygienists to further their education and contribute to the dental hygiene profession.

Last year dental hygiene donations to CFDE decreased. We cannot afford to let CFDE down! It's one way that dental hygienists in Canada can easily strive to better themselves professionally in order to become better teachers. CFDE needs your commitment as one who wants to see more opportunities for hygienists. Your dollars always go to the aid of your fellow dental hygienists.

Please make a donation to CFDE today. It's an act of appreciation that will benefit all of us.

Peggy M. Larder, Dip.D.H.
B.S. in Ed., M.Sc.

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letters to the editor

Confined to work within Ontario borders

Limited portability is a problem which may affect many hygienists at one point or another in their personal or professional life. I have been confronted with this problem and wish to share my experience with my fellow hygienists.

In June of 1982 my husband was transferred to the United States for approximately one to two years. I made arrangements to apply for the National Board Exams and State Board Exams. With my applications I forwarded a letter of reference from the R.C.D.S., as well as from my employer, confirmation of my graduation from my college, a transcript of my marks, a letter from my lawyer, and continued education information. This entire process took approximately six months. I was then refused permission to even write the exams.

The reason I was given for this refusal was due to the college I attended being non-accredited. When I was accepted for dental hygiene in 1979, only two colleges in Ontario (out of 11) were accredited. After several attempts to contact people concerning this problem, no one had a solution.

I feel very disappointed. After working for nine years in the dental profession, (the last four in dental hygiene), I am forced to give up my profession in order for my husband to progress with his. Dental hygiene, as it stands, confines me within the borders of Ontario.

As a result, for 15 months my husband and I have lived in two different countries, only seeing each other every two or three weeks. Had we known how difficult it was for me to become licensed to work in the United States, our decision concerning his transfer may have been different.

I think that portability is an important issue and, as a professional group, we should take steps to allow past graduates the opportunity to gain the same portability as a graduate from an accredited program. We should at least be allowed to write the National and State Board Exams, in order to prove our competence.

I only hope that this letter will bring some awareness to my colleagues. If you are planning to move out of Ontario and did not graduate from an accredited college, you are

in for a long painful process.

L. Stokker, CDA, PDA, DipDH
Burlington, Ontario

Convention Chairman Replies

I am writing in response to Mrs. Beaton's letter that was published in the summer issue of *The Canadian Dental Hygienist*.

I was not surprised to read that someone was disappointed in the 1983 CDHA National Convention because from my past experiences I realize that NO ONE planning a conference can please everyone. What disappoints me tremendously is that your letter was not directed to either myself or Susan Sumi (CDHA Scientific Chairman 1983) so we could have had a chance to explain the reasons for having non-academic subjects on our program. By communicating directly with us, you could have saved the convention committee and the many hygienists who have worked so hard to establish B.C.'s position in the national association a lot of humiliation they don't deserve.

I realize that many of the hygienists who attended our convention will totally disregard your letter because they know that on the morning that "Wardrobe Planning" and "Pre and Post Natal Fitness" were on the program, they also had the opportunity to attend any of the following sessions:

- 1) Dr. A.R. Volpe "An Update on Fluoride Therapy"
- 2) Dr. Covert Bailey "Fit or Fat"
- 3) CDA Teaching Conference on Practice Management
- 4) Periodontal Panel Discussion
- 5) Future of Dentistry Panel Discussion
- 6) Mr. Jack Allen and Mr. Gary Little "A New Look at People Handling Skills for the Successful Dental Professional"

What concerns me is the 2000 Canadian hygienists who were not at the convention and those that don't remember that in actual fact "an ENTIRE morning session" WAS NOT devoted to irrelevant subjects as your letter implied. Most CDHA members have not had an opportunity to read the many letters of congratulations and thank you cards we received from all across Canada and from The Canadian Dental Association and The Canadian Dental Assistants' Association. Unfortunately these did not get published but

your letter did.

The planning and organizing of the 1983 CDHA Convention took over two years. Although we were planning a national convention in Vancouver, we knew that the type of program offered would ultimately reflect on the B.C. hygienists and so we provided ample opportunity for suggestions and assistance from all BCDHA members. There was an article published in the BCDHA Outlook in the fall of 1981 notifying all members of a meeting they could attend to contribute suggestions for topics for the CDHA Scientific Program. Although you elected not to attend this meeting or forward any suggestions to me, the 25 interested hygienists who did compile a list of suggested topics. Sue Sumi took this list and over the next two years worked in conjunction with the CDA and CDAA Scientific Chairmen to come up with a program that would appeal to all CDHA members, that was within our budget, and that complimented the overall scientific program. You probably have no idea how complicated this procedure can be, but 40 topics were offered in the 2½ day convention and the schedule was changed many times during the two years. Therefore, I feel Sue Sumi and the entire convention committee did an exceptional job for CDHA.

I do agree with the comments you made about "establishing a more professional image", the importance of "enhancing our dental education" and "developing professional respect". Had you been involved on the CDHA convention committee you would have realized that these things were accomplished by the high standards, professional conduct and communications skills shown by the hygienists when dealing with other members of the dental profession. I am very proud of the way every member of my committee dedicated themselves and did so much to improve relationships with CDA and CDAA. I wonder why you didn't take the time to look into this matter in more detail before you sent a letter to CDHA that would damage the positive image "Conference on the Coast" created. Basically your criticism wasn't justified and you didn't give the B.C. hygienists a chance to present our point of view. □

Mrs. Evelyn McNee
CDHA Convention
Chairman, 1983

Profile of the Community Health Dental Hygienist in Canada

Joanne Clovis, Dip. D.H., B.Ed., and
Sylvie Frechette, Dip. D.H., B.Sc., M.Ed.

I. Introduction

A survey of community health dental hygienists in Canada was undertaken as part of the investigation of two members of the Working Group on the Practice of Dental Hygiene in Canada. The Working Group was established by the federal government of Canada in March of 1981; its terms of reference include the identification of areas of practice of dental hygiene for which guidelines are needed. Dental public health or community health was one practice setting which was investigated.

II. Methodology

The initial survey, mailed on December 10, 1981, solicited information and assistance from provincial and some regional dental directors since public health, with few exceptions, is a provincial responsibility. This first survey provided information such as the number of established and vacant dental hygiene positions in community health in each province, some position descriptions, and some program information.

A questionnaire was then mailed to potential rural, urban, and metropolitan respondents across Canada in April 1982. About half of the questionnaires were mailed directly to individuals and about half were mailed to employers for further distribution. The questionnaire requested information in three major areas: professional qualifications, including educational preparation and working experience; a description of the current position by function and time; and, the working relationship of the community

health dental hygienist to other (health) professionals.

III. Results

The numbers of returned questionnaires are indicated in TABLE 1.

Since there were no responses from two provinces and two territories, all of the following tables are for eight provinces only.

TABLE 2
Educational Preparation and Interest
in Further Studies

Province	Diploma	B.Sc. in D.H.	Other Degree or Diploma	Currently Enrolled in Studies %	Interested in Further Community Health Studies %
British Columbia	13	—	2	7.7	92.3
Alberta	42	4	1	2.4	76.2
Manitoba	1	—	1	—	—
Ontario	35	—	1	8.6	85.7
Quebec	61	1	1	32.3	71.0
New Brunswick	6	—	1	—	66.7
Prince Edward Island	1	—	—	—	100.0
Nova Scotia	25	—	4	8.0	56.0
TOTALS	184	5	11	138	
PERCENT (n = 189 = 100%)	100%		5.8%	14.3%	73.0%

TABLE 3
Professional Development

Prov.	Number of Respondents	Percent of Satisfied Respondents	Average Hrs. per Year per Respondent	Standard Deviation	Most Frequent Sponsors
BC	13	46.2	28.3	8.9	Ministry of Health
Alta.	44	68.2	24.4	12.7	Dept. of Social Services & Community Health/City of Edmonton/University of Alberta
Man.	1	—	4.0	—	Dept. of Health
Ont.	33	63.6	14.4	9.1	Health Unit(s)/ R.C.D.S./O.D.H.A.
Que.	60	33.3	18.8	11.5	C.P.H.D.Q./Francois-Xavier Garnier/Universities of Montreal and Laval/ Community Health Dept.
NB	6	66.7	19.0	7.7	Dental Hygienists Association
PEI	1	—	14.8	—	Dental Hygienists Association
NS	22	27.3	16.0	11.7	Dept. of Health
TOTAL	180	48.9	19.6	11.8	

TABLE 1
Number of Community Health Dental Hygienist
Responses to Mailed Questionnaire

Province	Number of Potential Respondents	Number Returned	Response Rate (%)
British Columbia	22	13	59.1
Alberta	88	46	42.3
Saskatchewan	0	0	N/A
Manitoba	2	1	50.0
Ontario	63	35	55.6
Quebec	121	62	51.2
New Brunswick	13	6	46.2
Prince Edward Island	9	1	11.1
Nova Scotia	25	25	100.0
Newfoundland	2	0	0.0
TOTAL	345	189	54.8

FIGURE 1
Years in Private Practice — Percent of Total

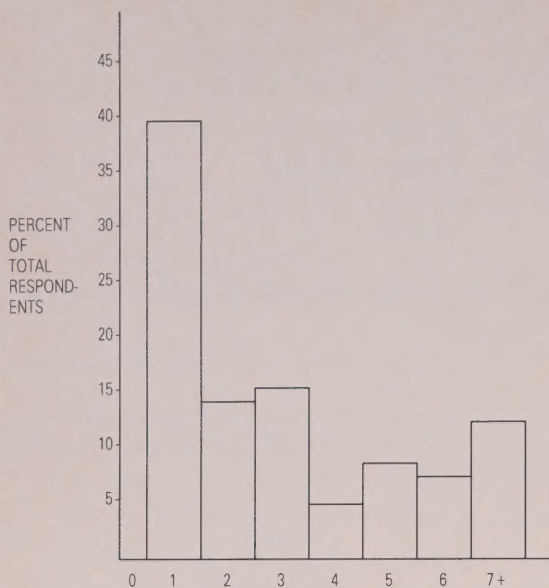
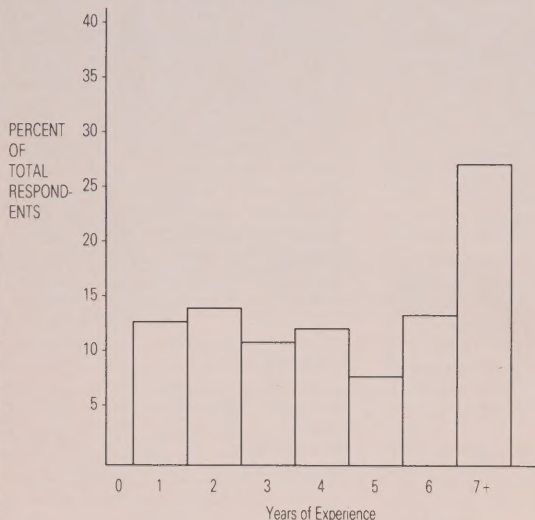


FIGURE 2

Years in Community Health — Percent of Total



A. Professional Qualifications

1. Educational Background and Pursuits (TABLE 2)

In almost all cases the "other" diploma or degree was in a related field such as dental nursing, education, or social sciences. In no cases was graduate training indicated by respondents.

Quebec respondents reported that an unusually high proportion (32.8%) are currently involved in studies.

Of the large proportion of respondents (73.0%) who indicated interest in further community health studies

the most frequently cited interests and needs were, in descending order of importance:

Interests

Geriatric care
Special needs client
Adolescent care
Teaching skills
Administration

Needs

Administrative skills
Epidemiology
Data gathering and analysis
Program planning & evaluation
Computer technology

The most popular interests were the oral health of groups which have previously had low priority for public health programs: the geriatric group, clients with special needs (mental or physically compromised patients), and the adolescent group.

2. Working Experience as a Dental Hygienist

A large number of respondents indicated more than six years experience in private practice (12.1%) and in community health (27.2%). A total of 8.7% of hygienists have had more than ten years experience in community health (see FIGURES 1&2).

Only 18 respondents reported experience in fields other than private practice and community health such as education and dental nurse/therapist.

3. Interruption of Working Experience as a Dental Hygienist

Only 32.0% of respondents indicated an interruption of work. The most frequent reason reported for cessation of work was maternity leave. Of those who ceased working, only 4.8% did so for a total of more than five years.

4. Professional Development/Continuing Education

TABLE 3 indicates respondents' satisfaction with their professional development and continuing education activities for the past five years; the average number of hours per year; and, the primary sponsoring agencies and associations.

In five of the provinces the most frequent sponsor was the provincial Department or Ministry of Health.

5. Reading of Scientific Articles and Books

Respondents reported reading most frequently the following journals: *The Canadian Dental Hygienist*, *The Canadian Dental Association Journal*, *Dental Hygiene*, *Journal of the American Dental Association*, *Oral Health*, and *Dental Abstracts*. Infrequently cited journals included the *Journal of School Health*, *Journal of Public Health Dentistry*, *Journal of Dentistry for Children* and journals of nutrition and social sciences. The average hours of reading per week ranged from 1.2 (New Brunswick) to 3.2 (Quebec). Respondents were not questioned regarding the availability of periodicals.

B. Job Description

In TABLE 4, the number given indicates those respondents who stated they provided some service for the groups listed.

For each of the specified age groups a variety of services were reported by the respondents. The most frequently reported service for preschool and school children was inspection followed by prophylaxis and fluoride treatments; for other groups, the most frequently reported service was education.

1. Expectant Parents

Respondents in all provinces reported some education services for expectant parents. These were most frequently provided directly by hygienists

TABLE 4

**Proportion of Dental Hygienists Who Give Services For
Specific Age and Need Groups by Province**

Specific Age and Need Groups	B.C.	Alta.	Man.*	Ont.	Que.	N.B.	P.E.I.*	N.S.	Total
Expectant parents	92.3	56.5	100	42.9	40.3	66.7	0	76.0	54.0
Preschool children	100.0	97.8	100	88.9	82.3	100.0	100	100.0	92.6
School children	100.0	97.8	100	100	95.2	100.0	100	100.0	97.9
Adults	76.9	71.7	100	40.0	41.9	83.4	0	96.0	59.8
The elderly	100.0	37.0	100	71.4	9.7	33.4	0	20.0	36.5
The handicapped	76.9	63.0	100	62.9	46.8	66.7	100	88.0	62.4
Others	15.4	26.1	100	5.7	17.7	16.7	0	28.0	19.0

*Only one respondent

TABLE 5
Clinical Duties

Prov.	Hygienists With Clinical Duties Number %	Mean Time Spent Per Week (Hours)	Standard Deviation	Range of Services Reported*
B.C.	7 46.2	39.4	32.6	I
Alta.	45 97.8	36.9	20.7	I,P&F
Man.	1 —	—	—	I,P&F,R,X
Ont.	26 74.3	39.9	30.9	I,P&F,S,M,X
Que.	18 29.0	—	—	I,P&F,X
		during school summer holiday		
N.B.	6 100.0	38.7	8.8	I,P&F,R,X
P.E.I.	1 —	—	—	I,P&F,R,S
N.S.	25 100.0	68.8	16.7	I,P&F,X
TOTAL	129 68.3			

*Key to Services

- I — inspections
- P&F — prophylaxis and fluoride
- R — restorative (expanded function hygienist or dental nurse/hygienist)
- S — sealants
- M — mouthguards
- X — x-rays

TABLE 6

Planning of Programs/Activities

Prov.	Hygienists with Planning Duties Number %	Frequently Reported Planning Duties*
B.C.	12 7.7	W.O.,I.N.,D.G.,EV.,T.S.
Alta.	40 87.0	W.O.,I.N.,D.G.,EV.,P.E.
Man.	1 —	P.E.
Ont.	23 67.6	P.E.,I.N.,EV.
Que.	49 79.0	W.O.,I.N.,D.G.,EV.,T.S.,P.E.
N.B.	5 83.3	P.E.
P.E.I.	1 —	—
N.S.	20 80.0	W.O.,I.N.,P.E.
TOTAL	151 80.3	

- *W.O. — writing of objectives
- I.N. — identification of needs
- D.G. — data gathering
- EV. — evaluation
- T.S. — training of staff
- P.E. — planning of education programs

Numerous duties reported as planning responsibilities should probably be considered administrative; for example, the preparation of policy and procedure manuals, the scheduling of activities/events, and the preparation of annual reports.

through prenatal classes; less frequently through in-service to public health nurses.

2. Preschool Children

Respondents in all provinces reported education services. Most frequently the services were provided through established clinical contacts with parents; least frequently through kindergarten and playschools.

The promotion and distribution of fluoride supplements for this age group was emphasized by most Alberta respondents.

Inspection and referral were available either regularly or on request in all provinces.

Respondents in all provinces except Quebec reported prophylaxis and topical fluoride treatments.

3. School Children

School children were clearly the most important target group and for this group most services were provided in elementary schools.

Hygienists in all provinces reported education services for school children.

Inspection and referral services were reported for seven provinces.

Prophylaxis and topical fluoride treatment were

TABLE 7

Administrative Duties

Prov.	Hygienists with Admin. Duties Number %	Frequently Reported Admin. Duties*
B.C.	12 92.3	S,B
Alta.	19 41.3	S,B,R,T,I
Man.	1 —	B
Ont.	13 38.2	S,B,R,T,I
Que.	11 18.3	S,B,R,T,I
N.B.	1 16.7	T
P.E.I.	— —	—
N.S.	10 40.0	R,T,I
TOTAL	67 36.0	

- *S — supervision of other staff
- B — preparation of budget estimate
- R — preparation of reports
- T — scheduling/timetabling of activities
- I — maintaining an inventory of supplies/equipment

TABLE 8
Potential Additional Functions

Prov.	Hygienists Suggesting Additional Functions		Most Frequent Affirmative Responses	
	Number	%	To Enhance Community Service	To Increase Job Satisfaction
B.C.	6	46.2	more services to wider variety of people	involvement in other than core programs
Alta.	23	50.0	geriatric programs, sealants*	more variety in clients/programs
Man.	1	—	improve liaison with physicians	more effective evaluation of programs
Ont.	16	45.7	prenatal, SAF**	more clinical and sealants
Que.	41	66.1	act as a resource person in a multi-disciplinary team more services to wider variety of people	more involvement in planning
N.B.	5	83.3	geriatric programs, restorative	more variety, more clinical
P.E.I.	1	—	more opportunities to implement services	more agreement with administration
N.S.	13	52.0	SAF**, treatment, geriatric	expanded duties, more variety
TOTAL	106	56.1		

*Although sealants were mentioned by four Alberta respondents as potential services, current regulations by the Alberta Dental Association do not permit their placement by hygienists.

**SAF: Self-applied fluoride programs.

reported for six provinces.

Self-applied fluoride programs were reported for four provinces.

4. Adults

Hygienists in all provinces reported some education services for adults. Most frequently, these were parent counselling sessions during clinical appointments with children.

Hygienists in six provinces indicated in-service for other health professionals within the health unit and for care staff of institutions, in-service for teachers, and oral health promotion for parents through PTA meetings or on request.

5. Elderly

Hygienists in seven provinces indicated some education services for the elderly. In-service for the care staff of institutions for the elderly was noted by respondents from four provinces. Denture identification, a procedure for permanently marking initials or other identifiable marks on dentures, was specified by respondents from three provinces.

Only one respondent indicated that a prophylaxis and topical fluoride treatment were provided for some elderly.

Handicapped

Hygienists in all provinces noted that some education services were provided on request. Where handicapped children attended school with the non-handicapped, special instruction was provided as part of the regular school dental program.

Specific references to schools for the deaf and retarded and special education classes were noted by hygienists in four provinces.

7. Other

In descending order of frequency, the reported services provided within the "other" category were:

- career counselling/promotion
- education (in-service for special groups; for example, new Canadians)
- special projects/services for Dental Health Month

d) monitoring of public water supplies which are fluoridated.

For those respondents who reported involvement in clinical procedures, planning programs or activities, and administration, a listing of specific services or duties was requested, and this information is summarized in TABLES 5 through 7.

The final question about job description asked respondents for their opinion as to whether there are additional functions which s/he could perform within current legislated supervision requirements that would enhance service to the community or increase job satisfaction. Respondents were asked to provide a description of the role s/he would like to have.

56.1% of the respondents believed that they could perform additional functions within current legislation requirements. TABLE 8 summarizes these additional functions.

The most frequent responses to enhance community services were to provide more services to a wider variety of people particularly to geriatric populations. The most frequent responses to increase job satisfaction were to have more variety and more involvement in planning and administration.

The variety of responses to the desired job role do not permit any generalizations regarding the job aspirations of a community health dental hygienist in any given province (see TABLE 8).

C. Relationship to Other Health Professionals

Respondents were requested to report their working contacts with other specified health professionals. (See TABLE 9)

Most respondents said they work with other health professionals in the sharing of information regarding clients and in special situations such as working on committees or projects. Many respondents named persons other than health professionals as work contacts. The actual list of all "other" work contacts included social worker, physician, psychologist,

TABLE 3
Frequency of Work Contact with
Other Health Professionals (%)

	Never	Sometimes	Often
Dentist	27.7	56.4	16.0
Dental assistant	45.2	13.3	41.5
Nurse	13.3	54.3	32.4
Nutritionist	25.5	59.6	14.9
Speech/o.t. therapist	70.2	28.7	1.1
Other	81.9	14.9	3.2

physiotherapist, stenographer trained in charting, dental nurse, community worker, receptionist, teacher and nursing assistant. The public health inspector was frequently reported for consultation concerning the fluoridation of water supplies.

As a means of assessing respondents' involvement in their jobs and their professional lives, each was asked to indicate whether or not s/he is a member of any special group or committee. A total of 37.9% replied affirmatively. Although this question did not specifically request professional association membership status, 23.8% of those respondents who indicated belonging to a committee or professional group named the provincial and Canadian Dental Hygienist's Association as the special group to which s/he belonged.

IV. Discussion

The reported information and subsequent data analysis have two limitations; the representativeness of the sample and the validity of the data analysis.

A second mailing to increase the response rate was impossible because the questionnaire was anonymous thereby precluding the identification of potential respondents who did not respond to the first mailing. Moreover, all respondents did not respond to all questions. It was therefore impossible to determine if the respondents were representative of the non-respondents. It was possible to determine that the commitment to complete and return the questionnaires signifies some essential differences between respondents and non-respondents; for example, their professional involvement, or interest in their current employment.

The validity of the survey may be questioned because of the subjectivity of the open-ended question style and the difficulties in coding or analyzing narrative responses. For example, the category "direct service" in the section on job description was intended to include both clinical and educational services. Since no interpretation was included in the questionnaire, it is not known if, indeed, respondents included both types of services in their estimate of time spent in direct service.

V. Conclusions

A. Professional Qualifications

Respondents clearly indicated both an interest in and need for training and education beyond the diploma level. Although only 8.5% of the respondents had a B.Sc. in Dental Hygiene or other degree, 14.3% of the respondents were currently enrolled in further studies. Of greatest significance was the proportion of respondents (73.0%) who cited interests related to new target groups whereas needs cited were related to management and epidemiology skills. Beyond formal preparation, community health dental hygienists in Canada had significant work experience;

27.2% of the respondents had more than six years of experience in community health. Only 33.9% had stopped working for any amount of time and only 4.8% had ceased working for more than five years. Professional development activities as a means of improving professional qualification were deemed satisfactory by only 48.9% of respondents. Those who were dissatisfied emphasized the need for more courses specifically related to community health. The very infrequent noting of academic institutions and dental or dental hygienists' associations as sponsors may indicate a lack of recognition of the need for professional development and continuing education in community health by educational institutions and professional associations. Finally, the average hours of reading scientific literature per respondent was about 1.8 hours per week, except for Quebec where community health hygienists reported an average of more than three hours per week which seemed to be consistent with their reported higher current enrollment in further studies.

B. Job roles

Job roles for most community health dental hygienists did not appear to be well defined. Only six provinces provided the position descriptions requested in the initial survey of provincial dental directors and most of these were brief and general. The elementary school child was the most frequent recipient of service. The variety of services provided may or may not have been related to the legal parameters for the practice of dental hygiene in any given province. Inconsistent reporting within a province more likely indicates the power of the local jurisdiction in program development and policy. Clinical duties did not occupy the majority of the hygienist's time in any province except Nova Scotia where the reported mean time spent in clinical duties was 68.8%. Although some of the duties reported as "planning" functions are more properly administrative (for example, the preparation of manuals or reports), 80.3% of all respondents reported planning responsibilities and 36.2% reported administrative responsibilities. A significant number of respondents (56.1%) affirmed that there were potential additional functions within current legislated supervision requirements which would enhance community service and increase job satisfaction.

C. Working Relationships with other Professionals

There appeared to be few formalized structures or organizations through which community health hygienists integrate their services with other health professionals. Most reported interactions were for the purpose of sharing information regarding certain clients or for work on special committees or projects. The nurse ranked second to the dental assistant as the most frequently contacted other health professional; 32.4% of respondents reported contact with the nurse "often". The nutritionist was cited as a "sometimes" contact by 59.6% of respondents; this proportion was even greater than that for the dentist and dental assistant. Speech and occupational therapists were "never" contacted by 70.2% of respondents.

The authors gratefully acknowledge the assistance of provincial and local dental directors and the cooperation of all respondents.

About the authors: see page 72

The Practice of Dental Hygiene in Quebec

Lucie Napert, Dip.D.H., B.A.

In Quebec, the practice of dental hygiene differs from that of anywhere else in North America in that it is governed by a "Corporation Professionnelle". This professional corporation acts independently of the dentists' own corporation, whereas, in the rest of Canada at least, the profession is governed by the professional body for the dentists. The Royal College of Dental Surgeons in Ontario is such an example.

Background

The CPHDQ (Corporation Professionnelle des Hygienistes Dentaires du Quebec) was founded in 1975, once the first dental hygienists graduated from the province's Cegeps (Community Colleges). Prior to 1975, the Quebec College of Dental Surgeons had set up, within itself, a body of dental assistants registered under the name of dental hygienists (in 1962). The College established regulations for eligibility to practice, assigned and authorized duties under the responsibility and supervision of a dental surgeon.¹ The College would then issue licences to dental hygienists meeting their requirements.

In the late sixties, statistics showed the dental health of Quebecers being very poor in comparison to the other Canadian provinces. The Castonguay-Nepveu report,² concerning reform of the province's health system, made recommendations that led to the decision to place more emphasis on the prevention and treatment of oral and dental conditions. It was therefore decided to train more dentists and a specialized assistant in prevention: the dental hygienist.

Therefore, in 1971, a new school of dentistry was opened at Laval University, and a program for training dental hygiene educators was established at the University of Montreal. Then, in 1972, the training of dental hygiene technicians began in six francophone Cegeps, followed in 1973 by one anglophone Cegep. At the present time, six of these are still offering the dental hygiene program.

While this new dental hygiene program was still in its infancy, in 1973 the Quebec National Assembly adopted Bill 65, which restructured the entire health system in Quebec, coupled with Bill 250, also known as "le Code des professions/the Professional Code" which today governs 39 professions.³

La Corporation Professionnelle des Hygienistes Dentaires du Québec is one of those 39 professions; it was created by l'Office des Professions, which was itself created by the Code.¹ The principal role of the

Office is to ensure that the public is protected by means of regulation and surveillance of professionals by professional corporations.⁴ The mandate of the latter is to safeguard the quality of services provided by their members. Professionalism is ensured by various means; professional inspections being one of them.

The profession of dental hygienist in Quebec is a profession with a reserved title, as opposed to the profession of dentist which, in addition to having an exclusive title, has an exclusive area of practice.³ Thus, only a dental hygienist registered with the Corporation, can use the title of dental hygienist and perform the delegated duties. Seventeen other professions have this same reserved title and 21 have an exclusive area of practice, like the dentists.

The corporation confers upon its members, in addition to the title of dental hygienist, the entitlement to "detect oral and dental disease, teach the principles of oral hygiene and, under the direction of a dentist, use scientific methods of control and prevention of oral and dental conditions."⁵ Since 1982 the following acts have been delegated to dental hygienists:

Duties	Supervision	
	On the spot	At a distance
1. Participate in taking radiographs	x	
2. Pulp vitality testing	x	
3. Take impressions for study models	x	
4. Polish restorations without drilling		x
5. Insert, carve and finish silicate, acrylic composite resin, or amalgam restorations, as well as base cement. (under revision)		x
6. Cement temporary bridges and crowns	x	
7. Remove periodontal sutures.	x	
8. Scaling and root planing		x
9. Cleaning teeth for prevention.		x
10. Topical application of anticonaries or desensitizing agents.		x
11. Seal pits and fissures in children. (under revision)		x
12. Apply varnish as a preventative measure.		x
13. Place and remove a temporary restoration when pulp is not exposed and when drilling is not required.		x
14. Select, fit and remove orthodontic bands.	x	
15. Place and remove periodontal dressing.	x	
16. Temporarily re-cement space maintainer.	x	

Excerpt from the May 1982 decree.⁶

Membership

Dental hygienists who are members in good standing of the CPHDQ are therefore entitled to bear the title of dental hygienist as well as to perform the acts listed above. At the present time, the Corporation has more than 1,000 members, 90% of whom practise within Quebec, 1% practise outside of Quebec, and the remainder are not practising.⁷ Of those in Quebec, 80% are in private practice and 20% are in the public or para-public sectors.⁷

Role of the Corporation

Since it is the Corporation's mandate to safeguard the quality of dental hygiene services provided to the people of Quebec, it has had to develop a number of mechanisms to enable it to recognize the competency of its members. By establishing eligibility criteria, instituting professional inspections, and developing continuing education and upgrading courses, the Corporation has been able to ensure the professionalism of its membership.

Administration

The Board of Directors of the Corporation is the entity empowered by the regulations to carry out the general administration of the Corporation and to see to the application of the Professional Code. Thirteen board members are elected by and from the membership and three others are members of the public who are appointed to represent the public's interests. The Board elects an administrative committee made up of five of its members for the day-to-day administration. This Committee meets at least every sixth week.

Committees

The Professional Inspection Committee is the surveillance mechanism responsible for the quality of professional performance; it carries out some forty professional inspections per year.⁸ This Committee also makes recommendations to the Continuing Education Committee according to the shortcomings found in its members' practice.

The Continuing Education Committee provides members with a scientific program that allows them to keep up-to-date, and fosters the development of attitudes and behaviours related to the practice of the profession.⁸ It organizes an annual dental hygiene convention where members may attend a variety of lectures and clinics tailored to their previously assessed needs. In addition to the annual convention, the Committee regularly organizes seminars of two or three days, given at different locations throughout the province.

The Admissions Committee updates members' records and is responsible for issuing permanent and temporary licences under the "Code des professions".⁸

The Syndic (arbitrator) and Discipline Committee work jointly in receiving and investigating complaints against members by consumers.⁸ If the hygienist breaches the Code, the Discipline Committee establishes sanctions.

The Newsletter Committee produces a quarterly information bulletin called Info-Corpo.⁸

The Diploma and Training Equivalency Committee studies the out-of-province applicants' files.⁸ This committee decides if equivalency examinations are required. Successful candidates then become eligible for licensure in Quebec. They may obtain a regular license if they pass the french exam administered by l'Office de la Langue Française. If not, they may obtain a temporary license until they pass it.

The Elections Committee is responsible for filling vacancies in the Board membership in keeping with the Professional Code.⁸

Licensure

Since the application of Bill 101 concerning the use of French in Quebec, all health professionals, including the dental hygienists, must be able to practise in French in order to be certified as members of their Corporation.⁹ Applicants from the Quebec anglophone Cegeps must therefore take the Office de la Langue Française examination to confirm their ability to practise in French. Applicants from outside the province must also take this examination. The Corporation does, however, issue temporary permits to such applicants to allow them to take French courses if necessary. When the applicant has passed the examination and if s/he is a graduate from a school accredited by the Canadian or American Dental Association, the regular permit is issued.

To obtain licensure, the following documents must be submitted:

- certified copy of the diploma and transcript of marks from the institution issuing the dental hygiene diploma;
- two passport style photos signed on the back;
- certified copy of the birth certificate or any other document proving the date and place of birth;
- proof of Canadian citizenship, landed immigrant status or proof of residency in Quebec with a formal commitment to apply for Canadian citizenship;
- proof of sufficient knowledge of French to be able to practice;
- \$25.00 fee for opening the file.⁹

Those who have graduated from a non-accredited school must submit, in addition to the above:

- a transcript of marks with a complete course description;
- proof that they have participated in a training period;
- proof of their dental hygiene experience.⁹

The Corporation may recognize the equivalency of a diploma or of training. If training cannot be recognized as equivalent from the documents presented, the applicant may have to submit to a theoretical and practical examination.

When the applicant's training is recognized, s/he must apply for a licence to practice. Once the file is completed, the applicant must pay the yearly fee to be issued the permit. The current fee is \$175.00 per year.

The Future

The evolution of the dental hygiene profession in Quebec has been built on the professionalism and perseverance of its membership. There has been a large step taken in the right direction but, unfortunately, the most conservative dentists have

not completely accepted the order-in-council delegating certain acts to the dental hygienists. They have recently obtained a court order demanding that the Superior Court declare the order-in-council and accompanying regulation null and void, thus requiring the procureur General and the Office des professions to defend themselves against allegations against them. It will be interesting to see the outcome of this legal battle which is unprecedented in the legal annals of Quebec. □

Further information on the Corporation may be obtained from:

Corporation Professionnelle des Hygiénistes
Dentaires du Québec

5757 ave Decelles, suite 218

Montréal, Québec

H3S 2C3

tel: (514)733-4098

About the author:

Ms. Napert was a member of the Board of Directors of the Professional Corporation of Dental Hygienists of Quebec from 1981 to 1983. She has been a licensed dental hygienist since 1975 and has a Bachelor of Arts in Adult Education. She presently works as a consultant for the Health Protection Branch of Health and Welfare Canada in Ottawa.

References

1. Dossier évolutif de l'autorisation d'actes aux hygiénistes dentaires du Québec, 1962-1982
2. Rapport de la commission d'enquête sur la santé et la bien-être social, Éditeur officiel du Québec, 1967
3. The Quebec Professions Bill, Sharon Aitkens, L'Hygiéniste Dentaire du Canada, Vol 10, no. 1, printemps 1976
4. Rapport Annuel de l'Office des Professions du Québec, 1981-1982
5. Code des Professions, éditeur officiel du Québec, 1979
6. Décret numéro 1132-82, gouvernement du Québec, 1982
7. Données statistiques du Comité des Admissions de la Corporation des Hygiénistes Dentaires du Québec, 1983
8. Rapport Annuel de la Corporation Professionnelle des Hygiénistes Dentaires du Québec, 1982
9. Licensure and registration for dental hygienists in Quebec, summary prepared by the Corporation des Hygiénistes Dentaires du Québec.

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About the authors:

(Ms) Joanne Clovis, Dip. D.H., B.Ed., M.Sc. candidate, is the Senior Dental Health Consultant, Community Health Services, Department of Social Services & Community Health, 7th Floor, Seventh Street Plaza, 10030 - 107 Street, South Tower, Edmonton, Alberta T5J 3E4.

Mme Sylvie Frechette, Dip. D.H., B.Sc., M.Ed. is the Dental Health Consultant, Direction de la sante communautaire, Hopital Sainte-Justine, 3175 Chemin Sainte-Catherine, Montreal, Quebec H3T 1C5.

Both authors are members of the federal government's Working Group on the Practice of Dental Hygiene in Canada.

La Pratique de L'Hygiène Dentaire au Québec

Lucie Napert, H.D., B.A.

Au Québec, la pratique de l'hygiène dentaire a cette différence avec les autres provinces canadiennes et les états de l'Amérique du nord qu'elle est régie par une Corporation Professionnelle. Cette Corporation Professionnelle agit en plus de façon indépendante vis-à-vis des dentistes qui, eux aussi, ont leur propre Corporation Professionnelle. Partout dans les autres provinces canadiennes, la profession est régie par le regroupement professionnel des dentistes, comme le Collège Royal des Chirurgiens Dentistes de l'Ontario.

Historique

C'est en 1975 que la Corporation Professionnelle des Hygiénistes Dentaires du Québec (CPHDQ) a été fondée, la même année qui a vue graduer les premiers(ères) hygiénistes dentaires des Cegeps du Québec. Avant 1975, le Collège des Chirurgiens Dentistes du Québec avait créé, au sein de son organisme, un corps d'auxiliaires enregistrées sous le nom d'hygiénistes dentaires, et ce, en 1962. Le Collège établit une réglementation pour les conditions d'admission à l'exercice, attribua les fonctions et les autorisa sous la responsabilité et la surveillance d'un chirurgien dentiste.¹ Le Collège remettait un permis aux hygiénistes dentaires qui se conformaient aux conditions d'admission, un peu à la manière encore en vigueur aujourd'hui dans les autres provinces canadiennes.

À la fin des années soixante, la Province constata que l'état bucco-dentaire de sa population était en bien piètre état comparativement aux autres provinces canadiennes. Ainsi, suite aux recommandations du rapport Castonguay-Nepveu sur la réforme du système de santé au Québec,² on décida de mettre plus d'emphasis sur la prévention et le traitement des affections bucco-dentaires. Pour ce faire, on décida de former plus de dentistes de même qu'un(e) auxiliaire spécialisé(e) en prévention; l'hygiéniste dentaire.

En 1971, on ouvrit donc une nouvelle école de médecine dentaire à l'Université Laval. On établit également un programme de formation des maîtres en hygiène dentaire à l'Université de Montréal. Puis, en 1972, on commença à former des techniciens(es) en hygiène dentaire dans six Cegep francophones, et

et en 1973, un Cegep anglophone venait s'ajouter aux six premiers. A ce jour, six de ces Cegeps offrent encore le programme.

Alors que le nouveau programme d'hygiène dentaire en était encore à ses premiers pas, L'Assemblée Nationale du Québec adoptait en 1973 la loi 65 qui restructurait tout le système de santé au Québec, ainsi que le Bill 250, également connu sous le nom du "Code des Professions" qui régit aujourd'hui 39 professions.³

La Corporation Professionnelle des Hygiénistes Dentaires du Québec fait partie de ces 39 professions et fut créée par le gouvernement après consultation auprès de l'Office des Professions du Québec, un organisme institué lui-même par le Code des Professions.¹ L'Office a pour rôle de veiller à ce que chaque Corporation assure la protection du public par l'adoption de règlements internes.⁴ Les Corporations Professionnelles ont, quant à elles, la responsabilité d'assurer à la population, l'accès à des soins de qualité. Elles s'assurent de la qualité de ces soins par le biais, entre autres, de l'inspection professionnelle de ses membres.

La profession d'hygiéniste dentaire au Québec en est une à titre réservé par comparaison à la profession de dentiste qui, en plus du titre réservé, a également un champs d'exercice exclusif.³ Ainsi, seul(e) l'hygiéniste dentaire inscrit(e) au tableau de la corporation peut employer le titre d'hygiéniste dentaire et exercer les fonctions autorisées par règlement, aux porteurs du titre. En plus de la CPHDQ, dix-sept autres professions ont un titre réservé, et vingt-et-une ont un champs d'exercice exclusif, à la manière des dentistes.

Le Législateur a conféré aux membres de la CPHDQ, à l'article 34K du Code des Professions, le droit d'exercer les activités suivantes: "dépister les maladies bucco-dentaires, enseigner les principes de l'hygiène buccale et, sous la direction d'un dentiste, utiliser les méthodes scientifiques de contrôle et de prévention des affections bucco-dentaires."⁵

Depuis 1982, l'adoption du règlement d'autorisation d'actes bucco-dentaires, à des personnes autres que des dentistes, ajoute aux activités pouvant être exercées par les hygiénistes dentaires, les fonctions suivantes:

Acte consistant à	Type de surveillance	
	Surveillance sur place	Surveillance à distance
1. Participer à la prise de radiographies	x	
2. Procéder au test de vitalité de la pulpe	x	
3. Prendre l'empreinte pour modèle d'étude	x	
4. Procéder au polissage de l'obturation sans fraisage		x
5. Insérer, sculpter et finir les restaurations en silicate, acrylique, résine composée ou amalgame aipsi, qu'un ciment de base (en révision)		x
6. Cimentar la couronne et le pont temporaires	x	
7. Enlever les points de suture périodaires	x	
8. Procéder au détartrage et à l'aplanissement des racines		x
9. Procéder au nettoyage de la dent à titre préventif		x
10. Appliquer topiquement un agent anticariogène ou une substance désensibilisance		x
11. Sceller les puits et fissures chez l'enfant (en révision)		x
12. Appliquer un vernis à titre préventif		x
13. Placer et enlever un pansement provisoire obturateur lorsque la pulpe n'est pas exposée sans toutefois avoir recours au fraisage		x
14. Choisir, poser et enlever la bague d'orthodontie	x	
15. Placer et enlever un pansement périodaire	x	
16. Recimenter temporairement un mainteneur d'espace	x	

Tiré du règlement mentionné, lequel fut décrété en mai 1982.⁶

Les membres

Ainsi, les hygiénistes dentaires membres en règle de la CPHDQ ont enfin vu le champs d'exercice de leur profession clairement défini.. A ce jour, la Corportion compte plus de 1,000 membres dont environ 90% pratiquent au Québec, 1% hors-Québec, et le reste des membres sont non-pratiquants.⁷ Des membres pratiquant au Québec, 80% pratiquent en cabinet privé et 20% dans les secteurs publics et para-publics.⁷

Role de la corporation

Comme le mandat de la corporation est d'assurer la qualité des services d'hygiène dentaire offerts par ses membres auprès de la population du Québec, elle a du se doter de divers mécanismes. Ces mécanismes lui permettent entre autres de reconnaître la compétence de ses membres aux fins de délivrance du permis d'exercice, par des critères d'admission précis, et de garantir au public l'accès à des services professionnels de qualité. Afin de maintenir la compétence de ses membres, elle a aussi recours à l'inspection professionnelle, à l'éducation continue, et à des stages de perfectionnement selon le cas.

Administration

Le Bureau de la Corporation, composé d'administrateurs élus parmi les membres de la CPHDQ, veille à l'administration générale des affaires et à l'application du Code des Professions et des règlements relatifs. Le Bureau se compose de treize administrateurs élus parmi ses membres et de trois administrateurs externes qui représentent les intérêts du public. Le Bureau se rencontre en moyenne quatre fois par année. Pour s'occuper de l'administration courante, le Bureau procède chaque année, à la nomination de cinq membres, dont le Président, pour former le Comité Administratif qui se réunit au moins aux six semaines.

Comités

Le Comité d'Inspection Professionnelle consitute le mécanisme de surveillance de la qualité de l'exercice de la profession et réalise en moyenne quarante inspections professionnelles par année.⁸ Le Comité fait également des recommandations auprès du Comité d'Education Continue suivant que l'on constate des lacunes dans la pratique de membres.

Le Comité d'Education Continue offre aux membres un programme scientifique qui leurs permet d'actualiser et de favoriser le développement d'attitudes et de comportements relatifs à une variété de conférences et de cliniques qui répondent à leurs besoins qui ont été établis à l'avance. En plus du Congrès annuel, le Comité organise régulièrement des séminaires de deux ou trois jours qui se déroulent dans différentes régions de la province.

Le Comité des Admissions procède à la mise à jour des dossiers des membres, voit à la délivrance de permis d'exercices réguliers et de permis temporaires en vertu du Code des Professions.⁸

Le Syndic (arbitrage) et Comité de Discipline travaillent de pair pour établir, suivant qu'une plainte ait été portée contre un membre, s'il y a eu infraction aux dispositions du Code des Professions.⁸ S'il y a eu infraction, le Comité de Discipline établit les sanctions.

Le Comité du Journal voit à la réalisation trimestrielle de l'organe d'information de la Corporation intitulé Info-Corpo.⁸

Le Comité D'Equivalence de Diplômes et de Formation étudie toutes demande d'équivalence de diplôme ou de formation provenant de personnes hors-Québec.⁸ Un examen peut se voir imposer afin de compléter d'analyse d'équivalence. Les candidats acceptés sont éligibles à obtenir un permis de pratique régulier s'ils passent l'examen de français de l'Office de la Langue Française. S'ils ne passent pas l'examen immédiatement, ils peuvent recevoir un permis temporaire jusqu'à ce qu'ils le passe.

Le Comité des Elections voit à l'organisation des sessions électorales annuelles prévues par règlement, pour assurer le remplacement des membres du Bureau dont le mandat est echu.⁸

Permis d'Exercice

Depuis l'application de la loi 101 sur la langue française au Québec, tout professionnel de la santé doit pouvoir exercer sa profession en français afin d'obtenir son permis d'exercice.⁹ Cette règle inclut les hygiénistes dentaires. Les candidats des Cegap anglophones du Québec doivent donc passer l'examen de l'Office de la Langue Française afin de confirmer leur abilité à exercer leur profession en français. Les candidats de l'extérieur de la province doivent également se soumettre à cet examen. Toutefois, la Corporation émet des permis d'exercice temporaires aux candidats hors-Québec afin de leur permettre de prendre des cours de français si nécessaire. Lorsque le(la) candidat(e) a passé son examen, et suivant qu'il(elle) soit gradué(e) d'une école accréditée par l'Association Dentaire Canadienne ou Américaine, on lui délivre un permis d'exercice régulier.

Pour permettre la délivrance d'un permis d'exercice, les candidats doivent soumettre les

documents suivants:

- copie certifiée du diplôme d'hygiène dentaire ainsi que du relevé de notes de l'institution où il a été obtenu;
- deux photos passeport signées à l'endos;
- copie certifiée du certificat de naissance ou de tout document attestant de la date et du lieu de naissance;
- preuve de citoyenneté canadienne, d'immigrant reçu, ou preuve de résidence au Québec avec engagement formel de faire application afin de devenir citoyen canadien;
- preuve de connaissance adéquate du français pour pouvoir pratiquer;
- 25,00\$ pour l'ouverture du dossier.⁹

Les gradués en provenance d'une école non accréditée doivent fournir, en plus des documents ci-haut:

- un relevé de notes accompagné d'une description des cours complétés;
- une preuve de leur participation à la période de formation;
- une preuve de leur expérience en hygiène dentaire.⁹

Lorsque l'équivalence est reconnue, le candidat doit faire une demande de délivrance de permis. En plus des documents déjà fournis pour le dossier d'étude d'équivalence, le candidat devra acquitter le montant de cotisation prévu pour l'année en cours. Cette cotisation est présentement de 175,00\$ par année. Le dossier ainsi complété, permettra la délivrance du permis d'exercice.

Le futur

L'évolution de la profession d'hygiéniste dentaire au Québec s'est effectuée grâce au professionnalisme et à la persévérance de ses membres. Un grand pas a été franchi dans la bonne direction mais les dentistes

les plus conservateurs n'ont malheureusement pas accepté, dans sa totalité, le décret qui accorde aux hygiénistes dentaires leur délégation d'actes. Ils ont obtenu récemment une requête pour jugement déclaratoire demandant à la Cour Supérieure de déclarer la nullité du décret et du règlement qui l'accompagne. Ils intiment ainsi le Procureur Général et l'Office des Professions à se défendre des allégations portées contre eux. Il sera intéressant de voir le résultat de cette bataille juridique sans précédent dans les annales juridiques du Québec.

A propos de l'auteure:

Madame Napert a été administrateur du Bureau de la Corporation Professionnelle des Hygiénistes Dentaires du Québec de 1981 à 1983. Elle est hygiéniste dentaire depuis 1975 et détient un Bac ès Arts en Andragogie. Elle travaille présentement comme consultante auprès du bureau de la Protection de la Santé de Santé et Bien-Etre Canada, à Ottawa.

Références

1. Dossier évolutif de l'autorisation d'actes aux hygiénistes dentaires du Québec, 1962-82
2. Rapport de la Commission d'enquête sur la santé et le bien-être social, Editeur Officiel du Québec, 1967
3. The Quebec Professions Bill, Sharon Aitkens, R.D.H., L'Hygiéniste Dentaire du Canada, Vol. 10, no. 1, printemps 1976
4. Rapport Annuel de l'Office des Professions du Québec, 1983
5. Code des Professions, éditeur officiel du Québec, 1979
6. Décret numéro 1132-82, gouvernement du Québec, 1982
7. Données statistiques du Comité des Admissions de la Corporation des Hygiénistes Dentaires du Québec, 1983
8. Rapport Annuel de la Corporation Professionnelle des Hygiénistes Dentaires du Québec, 1982
9. Licensure and registration for dental hygienists in Quebec, summary prepared by the Corporation des Hygiénistes Dentaires du Québec.

Certificates of Appreciation available for community oral health promoters

The CDHA Community Dental Health Committee wishes to recognize individuals and groups who have effectively promoted oral health during dental health month or at any other time of the year by awarding them a "Certificate of Appreciation". Names and addresses of deserving groups or individuals who have made a significant contribution to public oral health education may be forwarded on the application below to Joanne Clovis, Chairperson of Community Dental Health. Don't be reluctant to nominate yourself if you have effectively promoted oral health in your community this year.

Name: _____

Street Address: _____

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Significant Contribution to Public Oral Health Education and Promotion

Mail to: Ms. Joanne Clovis, #1, 14310 - 80 Street, Edmonton, Alberta T5C 1L6

alternatives

Opportunity in the Dental Product Industry

Marsha Stein, Dip.D.H.

I consider myself fortunate in my working professional life. I work part time as a dental hygienist in a private general dentistry practice, and part time as the Professional Services Consultant to Teledyne Water Pik Canada. These two jobs give me professional satisfaction. I am able to utilize my training, I am in contact with people across Canada and I have the opportunity to influence the development of better dental health among Canadians.

That's certainly not what I expected when I graduated from the University of Toronto in 1967 with a diploma in Dental Hygiene. My ambition was to join a thriving family-oriented dental practice and use my new found skills and training. That's exactly how I started. It was terrific. I developed a solid base of knowledge of and experience in preventive dentistry. Most importantly, I was an active participant in the design and application of comprehensive oral hygiene programs for patients. To the dental professionals who gave me my start, I am grateful.

Looking back, it was that first job that stimulated my interest in seeking new ways to spread the word about the importance of preventive dental care. And that interest, in turn, led me to my present position with Teledyne Water Pik Canada.

In 1982 I was browsing through a Canadian dental publication and an advertisement seeking the services of a dental hygienist on a consulting basis caught my eye. It was Teledyne Water Pik seeking to hire a dental hygienist to serve the dental professions on behalf of the company. I applied for the job, not knowing exactly what was required or whether I qualified.

My interview was challenging, mostly because it was my first exposure to the so-called 'corporate' world. What surprised and pleased me was the strength of Water Pik's commitment to the advancement of dental hygiene. They didn't want me to sell the Water Pik Oral Hygiene Appliance, but rather to serve as a communications link with dental professionals, explaining to them the products and services of Water Pik, and listening to the professionals on behalf of Water Pik. I was impressed with the Company and the people. And, I guess they were impressed with me because two weeks later I got the job.

Water Pik Canada had never had a professional services department and relied on their U.S. parent for information, advice and services. Recognizing the distinctive nature of the dental profession-

als in Canada, the management of Water Pik Canada had decided to establish their own professional services capability.

Since I was a 'first' in Canada, then how and where was I to start. Well, my new boss presented me with about 30 pounds of research literature on periodontal disease, oral health and preventive dental care; and, introduced me to the Company's unique oral irrigator product. When I had ploughed through that, it was off to the U.S. head office in Fort Collins, Colorado to participate in a training program under the direction of the U.S. Director of Professional Services.

Colorado in January! Great skiing! Wrong. No time. I was quickly introduced to a series of long days spent in studying professional literature, articles, research, meeting with my counterparts in the U.S. and familiarizing myself with all aspects of the Company's operations. It was tiring, exhaustive and very, very interesting. My training period included the important phase of learning to represent the Company before professional and student audiences. My final project was to prepare and present a lecture aimed at a dental/professional audience, but delivered for training purposes to a critical audience of my U.S. contemporaries. It was video taped and critiqued. My ego was a little bruised, but I derived as much joy in graduating from this course as I did from university.

Now I had really become the Professional Services Consultant to Water Pik Canada. From a modest start we have built a strong professional services program that has become an important activity within the company. Today, I am primarily responsible for liaising with the various dental professionals across Canada in many different forums and media.

To equip myself to do this job, I must stay informed about the new research and advancements in total preventive dental care, focussing on periodontal subjects. To do this, I read a wide variety of domestic and international professional journals, I gather material from seminars I attend on behalf of the company, and I conduct regular correspondence and telephone conversations with dental professionals across Canada. All this information is then filed for easy access by both our company people and by interested dental professionals.

Another important phase of my work is to represent Water Pik at the various dental conventions and meetings in which the company participates. This gives me the opportunity to gain a broader perspective on subjects related to dental

health and to speak directly with professionals in all fields of dentistry. I talk about the role of oral irrigation as part of a complete dental care program and the people I talk with give me ideas and suggestions that help Water Pik do a better job for the dental professions. It's also fun to meet and socialize with others in my chosen line of work, even if my feet give out after two days of a convention.

I also conduct lecture presentations at dental teaching institutions, universities and colleges from one end of Canada to the other. My presentation is usually about "The Benefits of Oral Irrigation". I encourage debate and discussions and this makes for lively sessions for both the students and me. It's more fun than work.

Educators tell me they really appreciate outside resources coming to their classrooms with practical, useful experience. In fact, it's as much a learning experience for me as it is for them. It might just keep me feeling younger and fresher. To the company's benefit, I often hear remarks complimenting Water Pik on the very existence of a professional services program.

Water Pik, like many other companies who serve the dental professions, publishes sales literature, prepares and places advertising directed to dental professionals and generally maintains regular communications with the professions through various media. It can be my job to look at material being published and ensure that it is accurate and presented in a style appropriate to dental audiences. So, I'm also involved somewhat in advertising.

More recently, I have started to appear on radio and television shows helping to sell a complete program of proper dental care to the public. This is primarily an effort to support and extend the influence of the excellent public education programs being conducted by the Canadian Dental Association and other professional bodies. This is just another effective way to get the dental health message through to people.

You can see that I started as a dental hygienist, but now I'm also a presenter, lecturer, advertising consultant, public relations person, and a whole bunch of other things — all in the cause of better dental health among Canadians. I couldn't have planned it better, if I had planned at all. I encourage other dental hygienists to explore opportunities in the dental products industries. And I encourage the industries to look at establishing professional services departments. There's opportunity there for everybody. □

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The year must include first year English, Biology (with laboratory component), Chemistry (with laboratory component), Psychology and/or Sociology are strongly recommended.

For further information on courses and application procedures call or write: Mai Pohlak, Faculty of Dentistry, University of Toronto, 124 Edward Street, Toronto, Ontario M5G 1G6. Phone (416) 978-4413.

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CALL FOR APPLICATIONS FOR THE POSITION OF EDITOR for *The Canadian Dental Hygienist/L'Hygieniste Dentaire du Canada*. The Canadian Dental Hygienists' Association is seeking a qualified dental hygienist for the position of Editor of *The Canadian Dental Hygienist/L'Hygieniste Dentaire du Canada*, the official journal of the Association.

Responsibilities: The primary tasks of the Editor are to solicit technical and scientific manuscripts for *The Canadian Dental Hygienist/L'Hygieniste Dentaire du Canada*, to supervise the review process of such manuscripts by the Editorial Review Board, and to edit such manuscripts.

Qualifications: The candidate must be a licensed dental hygienist and a member in good standing of the Canadian Dental Hygienists' Association. Candidates with post-diploma education and editorial experience will be preferred.

Submit applications along with curriculum vitae to:

Editor Search Committee,
Canadian Dental Hygienists' Association,
2 Tower Road,
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Applications or nominations are invited to fill the position of Director of the School of Dental Hygiene in the Faculty of Dentistry, University of Manitoba for a term of five years, commencing on or about July 1, 1985. In addition, this appointment carries with it a probationary appointment in the School of Dental Hygiene. Both women and men are encouraged to apply. In accordance with Canadian immigration requirements, this advertisement is directed to Canadian citizens and permanent residents.

In addition to their dental hygiene diploma, applicants should have a university degree and experience in dental hygiene education. Experience in academic administration would be an asset.

Responsibilities will include overall administration of the School of Dental Hygiene, curriculum development, staff appointments, coordination of staff development, student counselling, supervision of research activities within the School, participation on School, Faculty or University committees. Salary and academic rank commensurate with qualifications and experience.

Nominations or applications with current curriculum vitae and the names of three referees should be submitted prior to January 15, 1985 to:

Dr. A. Schwartz, Dean
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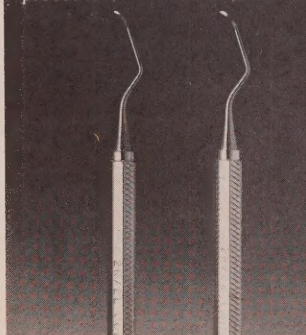
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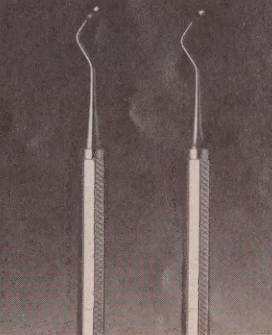
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References: 1. Ostrom, C.A. et al., J Dent Res, 56(3):212-221, 1977. 2. Arends, J., ten Cate, J.M., J Cryst Gro, 53:135-147, 1981. 3. Silverstone, L.M., Caries Res, 11 (Suppl. 1):59-84, 1977. 4. Data on file at Procter & Gamble, Inc. 5. Mobley, M.J., J Dent Res, 60(12):1943-1948, 1981. For further information, please contact Crest Professional Services, P.O. Box 355, Station A, Toronto, Ontario M5W 1C5

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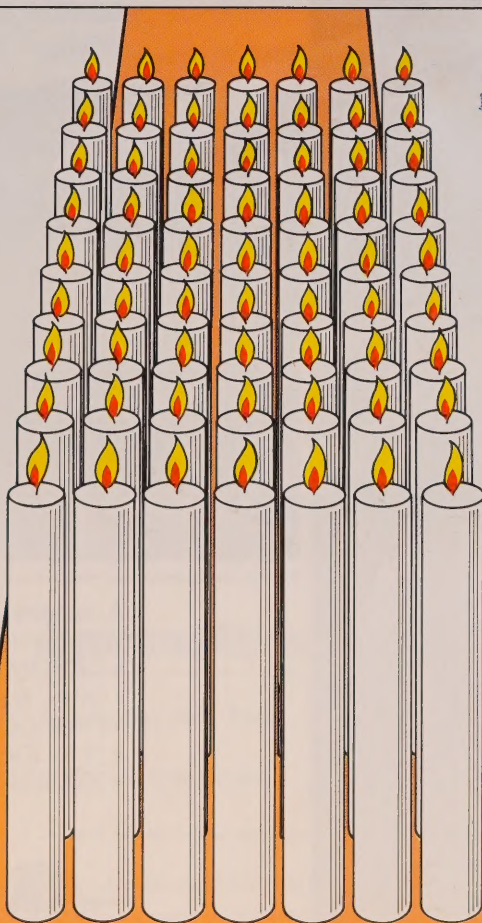
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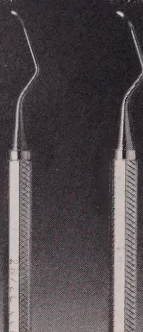
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the canadian dental hygienist

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cover story

In 1984, the Canadian Dental Hygienists' Association celebrates its 20th anniversary. The CDHA and its provincial constituent associations have assumed a prominent and influential role in the development of dental hygiene in Canada since its establishment. Jo Gardner reflects on our past accomplishments in this issue's "Comment". Patricia Johnson discusses significant historical events of CDHA from our first 20 years in our scientific section.

staff/ l'atelier

Editor/Redacteur en chef
Stephanie Nagle
3767 Victoria Blvd.
Windsor, Ontario N9E 3L7

Publisher/Editeur
Advertising Manager/
Gérant de la publicité
J.S. Woloschuk
Subscriptions Manager/
Gérant des abonnements
Controlled Publications
680 E.C. Row,
P.O. Box 1029, Station "A",
Windsor, Ontario N9A 6P4
(519) 966-7411

Advisors/Counseillers
Joan Voris, 3589 Osler Street,
Vancouver, B.C. V6H 1M3

Marjorie Dimitri
1606 Ayleslynn Drive,
Vancouver, B.C. V7J 2T3



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The opinions expressed in editorials or articles are those of the authors and do not necessarily represent the views of the Association, the Publisher or the Editor.

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Toutes communications ayant trait à la revue devraient être adressées au Rédacteur en chef, à part les abonnements et tout ce qui concerne la publicité, ce qui, de leur côté, devraient être adressés aux membres du personnel respectifs.

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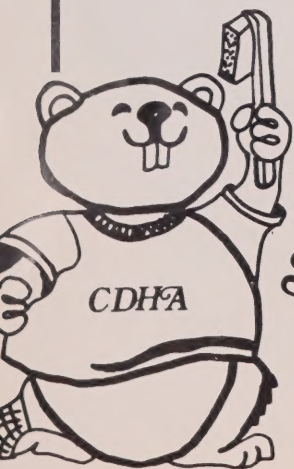
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comment

Looking Both Ways

In 1984, the Canadian Dental Hygienists' Association celebrates its 20th anniversary. At such a time it is interesting to look at history. That history began just ten years after the first class of dental hygienists in Canada graduated from the University of Toronto.

In 1963, a small group of Ontario hygienists recognized a need for a national organization to provide a mechanism to share information and concerns with hygienists in other provinces, to represent dental hygiene to dental groups and governments, and to work for the advancement of dental hygiene. This small group worked closely with other hygienists in Alberta to organize a meeting held in Edmonton in 1964. At this meeting, representatives from Alberta, Nova Scotia, Ontario, and Manitoba agreed upon a provisional Constitution and By-laws, elected a President, Secretary, and Treasurer, and set the place and date for the following year's meeting. Many of those who attended and deliberated on the issues in 1964 remain active CDHA members today. It was a beginning.

The reasons that brought this group of fewer than 100 hygienists together in the beginning would provide the purpose of staying together. These purposes were specified as goals of the Association when the Constitution was adopted. These goals include:

- to provide optimum oral preventive health care for Canadians
- to work co-operatively with the dental profession toward achievement of common goals
- to increase the knowledge and skills in providing dental hygiene services and
- to share this knowledge with fellow professionals and the community.

A membership target goal was, and still is, to have an Association representing the majority of Canadian dental hygienists. By 1968 membership numbers totaled 388, in 1973 we had more than doubled our numbers to 861. Five years later, in 1978, the membership had increased to 1535 and we had provincial associations with national representation in ten provinces. There are 2440 members in 1984, yet it still leaves us short of the stated goal of representing a majority of Canadian dental hygienists. However, this increase in numbers has provided the Association with increased funds with which we have made significant growth and progress in many areas.

Funds and numbers are only two of the parts of a formula for success. The third is the willingness to participate. Even a



Jo Gardner, past president and former membership chairperson of CDHA, poses as Irene Newman, the world's first dental hygienist, to speak about dental hygiene as a career at U.B.C.'s 1983 Open House.

short history of 21 years doesn't allow space to single out individual hygienists from the many dedicated members who deserve recognition and thanks for their time and efforts. Individual participation on behalf of the group has established liaison with dental and government groups to advance the profession of dental hygiene in Canada. Members have worked to define and refine terms used in dialogue with other groups to minimize misunderstandings. Others, working provincially with dentistry have made changes in regulations as to the functions hygienists may perform. Recently, advancement can be noted in the number of provinces in which hygienists have established representation on governing councils or dental hygiene examination boards. We have had members who developed writing and editorial skills that have brought the Journal to its current status, overseen development of information pamphlets related to various aspects of dental hygiene, and developed national membership promotion materials. Committed members have used their organizational and management skills in providing national and international scientific sessions and workshops on leadership development, editorial skills, education, and continuing education. Certainly we cannot overlook those who have served so capably on the Executive, as representatives, committee persons, and directors of the CDHA.

There are many more who have said yes when asked to assist those who have been assigned projects to be completed in a specific time frame. All members can be proud of the Canadian Dental Hygienists' Association and take a credit for some measure of effort in bringing it this far. The CDHA now has a relatively stable organizational base. It has a part-time Executive Secretary and is looking forward to an early resolution on the establishment of a central office. The Canadian Dental Hygienists' Association is the recognized organization for dental hygiene. However, looking back at what has been accomplished is not enough. It is the present and the future which demands our attention.

It would be unrealistic to expect someone to look into the future and make accurate predictions about the Association, but inferences can be drawn based on knowledge from past records. There is no doubt we will have a continuing supply of dedicated hygienists to continue the work of the organization. Many willing and capable graduates have served over the years. While the stated goals of the Association remain the same as when adopted in the 1960s, emphasis on those which will receive priority may vary. There is still much to be done to reach the goals.

Joining the Association in the past has been based on a personal commitment to the dental hygiene profession. Future success will be credited to the belief that through united efforts, we can continue to promote our profession effectively. World economics and the changing practice of dentistry today requires planning on how to best market our dental hygiene skills, to continue to develop other skills in management, communications, and dental hygiene research capabilities. Individually renew your membership, enlist a new member from your co-workers or fellow students. At a local level, organize a component society where none now exists, or keep a current local society from stagnating. Provincially or nationally, work with others, say YES when asked to serve in some capacity. In doing so you can acquire and develop new skills and interests as well as becoming part of what will be written about the accomplishments of the Canadian Dental Hygienists' Association in the next 20 years. Whatever happens, all of us, individually or collectively, have a part in the future. It is up to us. □

Jo Gardner
Former Membership Chairman

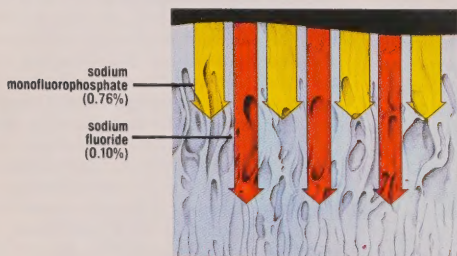
How Colgate's two fluoride formula achieves more complete remineralization resulting in nearly double the cavity protection of a single fluoride formula.*

A major role of fluoride in cavity prevention is to accelerate the process by which demineralized enamel is rebuilt.⁽¹⁻⁴⁾ This reverses white spot lesions which would otherwise become cavities.

Today's Colgate is the first toothpaste with two fluorides—sodium monofluorophosphate at 0.76% and sodium fluoride at 0.10%. Their differing molecular structures mean that these fluorides may work in different ways in tooth enamel. The result at these concentrations, is more complete remineralization of white spot lesions than either can achieve alone.

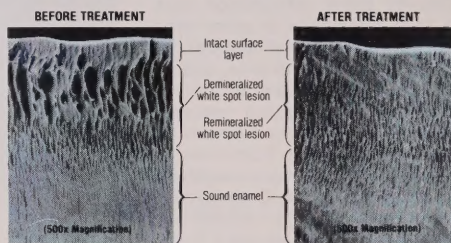
Why these two fluorides remineralize more completely.

It has been postulated that fluorides reach white spot lesions by penetrating enamel through the interprismatic spaces. Sodium monofluorophosphate, being a larger molecule, reacts with enamel primarily at the surface of a white spot lesion. Sodium fluoride, a smaller molecule, penetrates deeper into the lesion.



Working at different levels, the two fluorides may complement each other, enhancing remineralization over a greater area of the lesion than a single fluoride* alone.

This complementary action means more fluoride is available to enhance remineralization over a greater depth of the lesion than is provided by either fluoride alone.^(5,6)



This more complete remineralization has been demonstrated in laboratory studies⁽⁷⁾ and can be seen in the photomicrographs above.

Clinical studies show nearly double the cavity reduction.

Colgate with this two fluoride concept was tested in a three year clinical study.⁽⁸⁾ The results—Colgate's two fluoride formula provided 27.0% reduction in new caries versus 13.8% for the single fluoride positive control* (DMFT).

Conclusion.

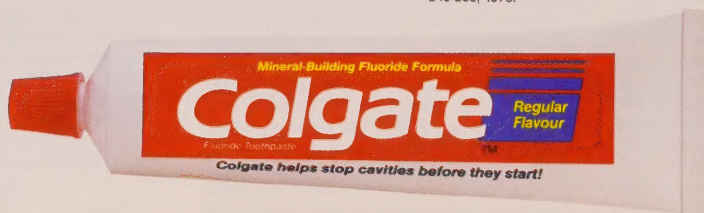
Colgate's two fluoride formula provides superior cavity protection to a single fluoride formula*: *Only Today's Colgate has a two fluoride formula.*

When you recommend Colgate you're recommending an innovative product—offering advanced and clinically tested cavity protection.

*Sodium monofluorophosphate (0.76%)

REFERENCES

1. Silverstone, L.M., Proc. Roy. Soc. Med., **65**, 906, 1972.
2. Koulourides, T., et al, Ann. N.Y. Acad. Sci., **131**, 771-775, 1965.
3. Von Der Fehr, F.R., et al, Caries Res., **4**, 131-148, 1970.
4. Levine, R.S., Brit. Dent. J., **138**, 249-253, 1975.
5. Slater, P.J., et al, Abstract No. 72, ORCA Conference, July 1982, Annapolis.
6. Hayes, H., et al, J. Dent. Res., **61**(4), 541, 1982.
7. Harvey, K., et al, J. Dent. Res., **61**, 243, 1982.
8. Hodge, H.C., et al, Brit. Dent. J., **148**, 201-204, 1980.



*Colgate Toothpaste contains sodium monofluorophosphate and sodium fluoride which are, in our opinion, effective decay preventive agents and are of significant value when used in a conscientiously applied program of oral hygiene and regular professional care. Canadian Dental Association

PARTNERS IN PREVENTIVE DENTISTRY.

self assessment test

Scaling and Root Planing

1. The effectiveness of root planing is ultimately evaluated by:
 - 1) root smoothness
 - 2) tissue response
 - 3) absence of calculus
 - 4) tooth sensitivity to air
 2. Inability to remove calculus may be the result of:
 - a) too open an angulation of cutting edge
 - b) too closed an angulation of cutting edge
 - c) insufficient lateral pressure against tooth
 - d) inadequate working stroke pressure
 1. a, b or d
 2. a or d only
 3. b or c
 4. Any of the above
 3. Iatrogenic root roughness may be a result of:
 - 1) hypercementosis
 - 2) calculus formation
 - 3) congenital malformation
 - 4) improper instrument adaptation
 - 5) none of the above
 4. A periodontal file is usually selected for:
 - a) removing calculus in areas of limited access
 - b) crushing calculus deposits
 - c) completing root planing procedures
 - d) performing soft tissue curettage
 1. a and b
 2. a and c
 3. a and d
 4. b and d
 5. c and d
 5. Root planing may be useful in:
 - a) reducing shallow fibrotic pockets to normal sulci
 - b) reducing shallow edematous pockets to normal sulci
 - c) increasing the zone of attached gingiva in edematous tissue
 - d) reducing the depth of a narrow three-walled infrabony defect
 1. a and c
 2. a and d
 3. a and d
 4. b and c
 5. b and d
 6. The ultrasonic scaling device is unacceptable for use in final root planing because it:
 - 1) does not completely remove calculus
 - 2) cannot remove irregular cementum
 - 3) destroys the osteoblastic potential of crestal bone
 - 4) leaves an irregular root surface
 - 5) cannot be used apical to the cemento-enamel junction
 7. Furcation involvement of a maxillary first molar may be detected on:
 - a) facial surface
 - b) lingual surface
 - c) mesiolingual surface
 - d) distolingual surface
 - e) mesiofacial surface
 - f) distofacial surface
 1. a, c and d
 2. a, e and f
 3. b, e and f
 4. a and b
 8. The first step toward the control of periodontal diseases is to:
 - 1) perform scaling and root planing
 - 2) prescribe a balanced diet
 - 3) give oral hygiene instructions
 - 4) recommend a Vitamin C supplement
 - 5) determine local and systemic contributing factors
 9. Which of the following is most useful for evaluating tissue response to plaque control procedures?
 - 1) explorer
 - 2) bite-wing radiographs
 - 3) disclosing solution or tablets
 - 4) periodontal probe
 10. When scaling the line angles of a tooth, factors which are important to remember include:
 - a) maintaining the cutting edge against the tooth surface to avoid laceration
 - b) extending the blade to the epithelial attachment
 - c) being aware of tooth contour and relationship of cutting edge to the interdental papilla
 - d) establishing a fulcrum to ensure instrument control
 1. a and d
 2. b, c and d
 3. a and c
 4. All of the above
 5. None of the above
- Suggested references:**
 Armitage, Gary C., *Biologic Basis of Periodontal Maintenance Therapy*. Berkeley: Praxix, 1980.
 Pawlak, Elizabeth A. and Hoag, Philip M., *Essentials of Periodontics*. St. Louis: C.V. Mosby, 1980.
 Wilkins, Esther M., *Clinical Practice of the Dental Hygienist*. Fifth Edition. Philadelphia: Lea and Febiger, 1983.
 Woodall, Irene R. et al. *Comprehensive Dental Hygiene Care*. St. Louis: C.V. Mosby, 1980.
- Bonnie J. Craig, Dip.D.H.
 Program of Dental Hygiene, Faculty of Dentistry
 University of British Columbia
- Answers: to Self-Assessment Test

1. 2	2. 4	3. 4	4. 1	5. 4
6. 4	7. 1	8. 5	9. 4	10. 4

personal finance

Financial Planning for Dental Hygienists Jack Bernstein, B.C.L., LL.B.

Too many individuals ignore their personal tax planning, using their lack of time or lack of knowledge as an excuse. Increasing living expenses and taxes make it exceedingly difficult for a person to save money for retirement. With tax planning, tax savings may increase your cash flow, thus providing additional funds for investment or for discharging debts.

Interest, Dividends and Capital Gains Deduction

An individual may deduct up to \$1,000 of the amount by which eligible interest and dividend income and certain taxable capital gains exceed the related interest expense, if any.

Only Canadian source interest (e.g. interest from bank deposits, bonds, mortgages, notes, and the taxable portion of life insurance proceeds) and dividend income received from an unrelated person, and taxable capital gains resulting from the disposition of qualifying Canadian securities qualify. The dividend tax credit is applicable even though the deduction is claimed.

Taxpayers should arrange their affairs so that each family member benefits from this deduction.

Consider:

- cashing unclipped coupons on Canadian Savings Bonds and other bonds;
- selling stocks or bonds to realize up to \$2,000 of capital gains (\$1,000 taxable capital gain); the securities can be repurchased immediately and will have a higher adjusted cost base (tax cost);
- deferring final 1984 interest payments to 1985 to minimize the effect of netting interest expense against qualifying investment income;
- reporting accrued interest;
- loaning funds to family members for investment so that each family member may have \$1,000 qualifying income for next year.

Using Capital Losses

Individuals may wish to realize a capital loss in 1984 if they intend to dispose of property in the near future. Allowable capital losses are deductible from taxable capital gains

realized in the same year. Up to \$2,000 of the excess of allowable capital losses over taxable capital gains may be deducted from other income in the year. The balance may be applied to reduce taxable capital gains and \$2,000 of other income in 1983 and future years. Allowable capital losses do not reduce the \$1,000 interest, dividend, and capital gains deduction that an individual may claim.

An allowable capital loss is not recognized for tax purposes where the same or identical property is acquired within 30 days before or after the disposition and owned at the end of the period by the taxpayer, his spouse, or a corporation controlled directly or indirectly by the taxpayer. Instead, the (superficial) loss is added to the cost base of the property.

The superficial loss rule does not apply where property is transferred to other related parties, for example to children or to a trust for children, parents, brothers, sisters, or other family members.

It is possible to transfer securities currently owned to an Indexed Security Investment Plan (ISIP) and to recognize any accrued losses provided the transfer takes place before 1985. Other rules prevent the recognition of a loss on a sale of capital property to a corporation controlled by the transferor or his spouse.

Indexed Security Investment Plans ("ISIP")

Effective October 1, 1983 a Canadian resident individual and certain trusts can use an ISIP to invest in common shares and certain related securities of Canadian public corporations. In general, by investing through an ISIP, the inflationary gain on securities held in the plan is not taxable as the cost of the investments is adjusted on a monthly basis to reflect changes for inflation as measured by changes in the Consumer Price Index. Sales and purchases of securities will affect the indexed cost of the plan. Cash balances in the ISIP account are not indexed.

At the end of each year, the fair market value of all investments

under the plan is compared to the indexed cost of the plan and 25% of any difference is recognized for tax purposes. One-half of this accrued gain or loss (12½%) is included in computing income for tax purposes. Tax on 75% of the accrued gain is deferred. Twelve and a half percent of the accrued loss may be deducted without regard to the \$2,000 limit which otherwise applies.

The plan administrator will perform all calculations and provide investors with required tax information. One-half of the administration fee is deductible for tax purposes.

The short-term investor who continually reinvests his proceeds may benefit from both the indexing of the cost base and the deferral of tax, as only part of the increase in the value of the ISIP investment will be taxed.

A long-term investor, whose securities in an ISIP generally do not appreciate beyond the inflation rate, would be subject to minimal tax exposure on accrued gains. If accrued losses result, 12½% may be deducted as an allowable capital loss without regard to the \$2,000 restriction.

The ISIP will not be attractive to investors who purchase shares on margin as the related interest expense would not be deductible. As dividends and accrued gains from an ISIP will not qualify for the \$1,000 interest, dividends, and capital gains deduction, and ISIP should not be used until the individual has sufficient investment income to use this deduction.

Existing securities may be transferred to an ISIP at current value and the investor must recognize all gains or losses. On transfers to an ISIP before 1985, one-half of the losses may be deducted against taxable capital gains and up to \$2,000 of other income.

Registered Home Ownership Savings Plans

Income earned by a Registered Home Ownership Savings Plan is not subject to tax and it can constitute an excellent tax savings vehicle for contributors who ultimately purchase an owner occupied dwelling. At worst, it provides a long-term deferral of

tax. A Canadian resident 18 years of age or over may contribute up to \$1,000 to an RHOSP in 1984 provided he and his spouse do not own a dwelling anywhere in the world in 1983 and 1984 and he (or she) has not previously owned an RHOSP.

For 1984, a special top-up deduction for the unused portion of the \$10,000 contribution limit is available. The special deduction is available if the funds are used in the year or within 60 days after the end of the year to acquire new housing. This deduction is only available if neither the individual nor his/her spouse owned a dwelling after 1981, no other person claims this deduction with respect to the same housing, and the \$3,000 grant under the National Housing Act has not been received for that housing unit.

An individual who satisfies these criteria and who does not have an RHOSP can claim the top-up deduction without opening a plan.

Registered Retirement Savings Plan

Contributions made to an RRSP on or before March 1, 1985 are deductible in 1984. Contributions may be in cash or in kind, but a non-cash contribution may result in a gain for tax purposes. Any resulting losses are not deductible. The basic limit for deductible contributions is the lesser of 20% of "earned income" or \$5,500. If a hygienist is a member of a registered pension plan or deferred profit sharing plan, the RRSP limit is reduced to \$3,500 minus the employee's contributions to a RPP. Earned income includes employment income (net of the employment expense deduction), pension income, business income, and real property rental income, net of losses from these sources. Tax shelters reduce earned income.

Employee Deductions

Most hygienists are treated as employees for tax purposes. An employee is restricted as to the expenses which may be deducted. He or she may deduct union or professional membership dues, as well as the employment expense deduction (20% of employment income subject to a maximum of \$500). Provided the employee is required by the employer to incur them, the following are classified as employment expense deductions:

- (a) union dues;
- (b) office in the home;
- (c) salary of an assistant;
- (d) cost of supplies;
- (e) car expense (e.g. if you use your car to pick up office supplies regularly, or if you work in one of-

fice in the morning and another in the afternoon, which you drive to, owned by the same employer. The employer must complete Form T2200.)

Tax Shelters

For the more aggressive, tax shelters may be appropriate. 1984 tax shelters include hotels, nursing homes, restaurants, charter boats, farms, films, oil and gas, research and development tax credit flips, share purchase tax credits, mines, and shares of companies engaged in manufacturing.

Generally, these tax shelters are of greatest benefit to individuals in the top tax bracket (e.g. individuals with taxable income in excess of \$59,000). An investment should not be made in a tax shelter which is not otherwise a viable investment. In most cases, if the tax shelter proves to be a loser, the investor will be in a worse position than if he (or she) had paid his taxes.

Family Tax Planning

An important aspect of tax planning for the family unit is income splitting. Income splitting is achieved where income is shifted to the members of the family who pay tax at lower marginal rates. The objective is to reduce the overall tax bite on the family's investment or business income. The method in which the assets are conveyed is extremely critical. Income may be attributed back to the transferor if the property is transferred directly to a spouse or children. Usually, loan arrangements are used to circumvent attribution problems. Alternatively, existing investments can be transferred on a tax-free basis to a family holding company. Income splitting arrangements may enable each member of a family to take advantage of the \$1,000 interest and dividend deduction, basic personal exemptions, and tuition fee deductions. Family assets may be protected from creditors if they are in the hands of the family members other than the primary income earners.

In order to retain control over property in the hands of children, it is prudent to establish an *inter vivos* trust to manage the assets. By taking advantage of the provisions of the Income Tax Act, the income earned by the trust may be taxed in the hands of the children. In this manner, the advantages of income splitting discussed above may be achieved through a trust.

If the family operates a business, tax minimization may be accom-

plished by operating it through a family business partnership. The income would flow out to the individual partners and be taxed in their hands. By spreading the income over a group of individuals, splitting of the business income could be achieved. If the business is operated through a corporation or a sole proprietorship, reasonable salaries may be paid to family members who participate in the business.

The parent who claims a child as a dependent is taxable on the family allowance payments. If family allowance cheques (baby bonuses) are deposited in a bank account in the name of the child or in trust for the child or otherwise invested in the child's name, and the investment can be readily identified as the property of the child, any income (e.g. interest) earned on those funds is income of the child.

Single parents and working mothers can currently deduct receipted child care expenses of up to \$2,000 per child (to a maximum of \$8,000) incurred in respect to children aged 13 and under or children 14 or over who are dependent by reason of mental or physical infirmity. Child care expenses include babysitting services, day nursery services, or up to \$60 each week of lodging at a boarding school or camp, such as day camp or summer camp.

Estate Planning

Death and taxes are the ultimate certainties; and, as inequitable as it may seem, the obligation to pay taxes does not terminate on death. With proper planning, you can structure your financial affairs so that accumulated capital can be left to your beneficiaries with minimum taxation. Estate planning ensures an orderly succession and sufficient liquidity so that any debt arising on death can be discharged. A will is essential to ensure property is bequeathed to persons desired by the testator. For example, the testator may wish to make certain charitable bequests or to leave sums of money or personal effects to specific persons.

In summary, personal tax planning should be ongoing and should not be left until the end of the year. With proper tax planning, you should improve your cash flow as a result of the minimization of tax with the result that you should have additional funds available for investments. If you have not been tax planning previously, now is the time to start. □

Dental Hygiene in Canada, 1964-1984: Twenty Years of Professional Growth and Maturation

Patricia M. Johnson, Dip. D.H., B.Sc.D., M.Sc.

(The author, a past CDHA/ACHD president and a member of the Working Group on the Practice of Dental Hygiene, acknowledges the contribution of both these groups to the preparation of this paper, presented at the CDHA/ACHD 20th Annual Convention in Montreal, Quebec, April 10, 1984.)

Dental hygiene was established legally in Canada almost forty years ago. Its professional organization was founded over twenty years ago. Increasing in numbers and in stature as a health profession, dental hygiene has assumed a significant role in the delivery of dental health services — a role which has the potential to become even more major in the future. This paper presents an overview of the development of dental hygiene in Canada.

EARLY HISTORY

To put the events of the past 20 years into context, we will step back a little further in time. Official registration of the first dental hygienist occurred in 1949 although dental hygienists trained in the United States were reported to be working in Canada prior to that date. Ontario had revised its Dentistry Act to recognize the practice of dental hygiene in 1947 and Quebec acted similarly in 1948. However, the first actual registrant was Mary Brett in Saskatchewan in 1949. That same year, three young women from Prince Edward Island — Dorothy Peters, Annabelle Allen and Thelma Reed, were provided with National Health Grant Bursaries to study dental hygiene at the Forsyth School in Boston. After completing the course, at that time one year in length, they returned in 1950 to work in the newly-created dental division of the Department of Health in Prince Edward Island — the first province to employ dental hygienists in a public health department. The third noteworthy event of 1949 was the employment by the Department of National Health and Welfare of Andrée Herbert Brunelle, a dental hygiene graduate of Columbia University in New York.

From this beginning, and after years of preliminary debate, legal recognition of dental hygiene practice spread rapidly — Ontario, 1947; Quebec, 1948; Saskatchewan, 1949; Prince Edward Island, about 1950; British Columbia, 1951; Manitoba, 1952; New Brunswick, 1953; Nova Scotia, 1955; the Yukon, 1958; Alberta, 1959; Newfoundland, 1968. Eventually all

TABLE 1

Highlights of the Early Years in the
History of Dental Hygiene in Canada

1947	Regulations for dental hygiene practice adopted in Ontario
1948	Regulations for dental hygiene practice adopted in Québec
1949	First legally recognized dental hygienist in Canada — Mary Brett, registered in Saskatchewan First dental hygienist employed by Federal government — Andrée Hebert.
1950	First dental hygienists employed in provincial public health — Dorothy Peters, Annabel Allen and Thelma Reed of Prince Edward Island
1951	First Canadian dental hygiene program commences at the University of Toronto Alberta registers first dental hygienist, Joan Engman
1953	British Columbia registers first resident dental hygienists, Jo Gardner and Helen Balenko, both of whom work in private dental practice New Brunswick registers first dental hygienist, Margaret Berry. U of Toronto program graduates first dental hygiene class.

provinces plus the Yukon and Northwest Territories were registering dental hygienists. Table 1 lists highlights of the first two years.

The Numbers Explosion

From these early beginnings, the growth in numbers of dental hygienists has been phenomenal — from 165 hygienists in 1964 to an estimated 5000 in 1984. Table 2 illustrates the increase in numbers of dental hygienists totally and by province. The numbers of hygienists have increased faster than that of dentists. In the decade from 1971 to 1981, the percent increase in numbers of dentists was 54.1 percent, whereas it was 338.3 percent for dental hygienists.¹

Table 3 illustrates the large increase in dental hygiene graduates in the years since 1975 and their distribution by province. The average age of dental hygienists in 1979 was only 30 years.² Considering that dental hygiene has existed in Canada for over 37 years, it has been perceived and has often functioned as a 'young' profession, at least in part because of this influx of new graduates.

This explosion in numbers has affected not only professional maturation but also policies regarding dental hygiene education and practice. Canada now is said to have an excess supply of dental health

TABLE 2

Distribution of Licensed Dental Hygienists by Province in Canada
for Selected Years, 1961-1981

	NFLD	PEI	NS	NB	QUE	ONT	MAN	SASK	ALTA	BC	YKN/NWT	CANADA
1961	*	*	*	*	*	*	*	*	*	*	*	74
1966	1	3	18	3	4	189	12	5	46	22	0	303
1971	8	8	65	4	11	423	69	29	78	154	0	849
1976	17	19	*	*	328	711	153	26	367	307	8	1936
1981	22	22	143	52	692	1853	225	60	458	483	14	4124

* Figures not available.

Source: Health and Welfare Canada. Preliminary report of the Working Group on the practice of Dental Hygiene. Ottawa. (Unpublished).

personnel. A cut-back or 'no increase' in numbers of dental and, in particular, dental hygiene graduates has been recommended.^{3,4}

While there may be a lobby to curtail the numbers of dental hygienists, there are positions available and populations with unmet oral needs to be served.⁵ To limit the graduation of dental hygienists would be to limit the delivery of high quality, preventive-oriented services. As well it would limit the development of alternative, potentially more cost-effective service models designed to complement and improve access to the present delivery system — a system which in 1978 was used by only 50 percent of the total Canadian population and by 23 percent of persons aged 64 years and over.⁶ Careful monitoring of the numbers of dental health personnel, using criteria which are in the public interest, is required before making policy decisions regarding personnel training cutbacks and program closures. Among the facts to consider are that the incidence and prevalence of dental caries among children has been shown to be declining.⁷ Also the prevention and control of the major dental condition predicted for the future — periodontal disease, given current technology, will require primarily those services associated with the practice of dental hygienists.⁸

Dental Hygiene Education

The first Canadian dental hygiene program commenced in 1951 in the Faculty of Dentistry,

University of Toronto. Andrée Herbert Brunelle resigned from her position with the federal government to become the founding Director. Interestingly, dental hygiene education might have had its Canadian beginnings in Quebec as early as 1948 had the faculty of the School of Hygiene at the Université de Montréal not successfully lobbied the University Senate to reject the proposal from the Faculty of Dentistry.⁹ Apparently opponents were

TABLE 4

Dental Hygiene Education Programs
by Academic Qualification, Institutional Setting,
and Province, Canada, 1984

Program	Location	First Graduating Class
BACCALAUREATE		
University of Montréal (as of 1979: Certificate Program)	Montreal, Quebec	1971
University of Toronto	Toronto, Ontario	1978
DIPLOMA		
University of Toronto	Toronto, Ontario	1953
University of Alberta	Edmonton, Alberta	1963
Dalhousie University	Halifax, Nova Scotia	1963
University of Manitoba	Winnipeg, Manitoba	1965
University of British Columbia	Vancouver, B.C.	1970
C.E.G.E.P.		
C. de Maisonneuve	Montreal, Quebec	1975
Edouard-Montpetit	Longueuil, Quebec	1975
Saint Hyacinthe	Ste. Hyacinthe, Quebec	1975
Saint Jérôme (discontinued)		1975
Francois-Xavier-Garneau	Sillery, Quebec	1976
John Abbott	Ste. Anne de Bellevue, Quebec	1976
Trois Rivières	Trois Rivières, Quebec	*
C.A.A.T.S.		
Algonquin	Ottawa, Ontario	1976
Canadore	North Bay, Ontario	1977
Confederation	Thunder Bay, Ontario	1977
Durham	Oshawa, Ontario	1977
Fanshawe	London, Ontario	1977
Niagara	Welland, Ontario	1977
Seneca	Toronto, Ontario	1977
St. Clair	Windsor, Ontario	1977
Cambrian	Sudbury, Ontario	1978
George Brown	Toronto, Ontario	1978
Georgian	Barrie, Ontario	*
OTHER		
Canadian Forces Dental Services	Borden, Ontario	1957
Wascana Institute**	Regina, Saskatchewan	1980

* Information not available at time of publication

** Program open only to licensed dental therapists

TABLE 3

Distribution of Graduates in Dental Hygiene
by Selected Year and by Province of Graduation

	NS	QUE	ONT	MAN	SASK	ALTA	BC	CANADA
1961	0	0	8	0	0	0	0	8
1964	10	0	46	0	0	19	0	75
1967	7	0	47	14	0	16	0	84
1970	14	0	40	18	0	19	19	110
1973	15	0	49	24	0	25	20	133
1976	20	176	74	26	0	32	21	349
1979	19	146	202	26	0	35	20	448
1982	18	179	196	28	11	43	20	495

Source: Health and Welfare Canada. Canada Health Manpower Inventory, as documented for the Working Group on the Practice of Dental Hygiene. Ottawa, 1984.

concerned that a School of Dental Hygiene would be a deterrent to the development of public health and that dental hygienists would appear to be substitutes for public health dentists. This opposition was unusual. Generally the major thrust for the development of dental hygiene in Canada came from provincial departments of health which employed the first registrants. For example, many of the University of Toronto students during the first decade were supported by provincial bursaries from their 'home' provinces. In any case, it was not until 1972 that a dental hygiene baccalaureate program was initiated in Quebec. From that start, the numbers of Québec diploma programs and graduates burgeoned throughout the duration of the 1970's.

The single program in Toronto was the only one in Canada for a decade with the exception of the Canadian Armed Forces Program which was open to military personnel. Then, in a period of 18 years the number of Canadian programs increased to 25. Table 4 lists these programs by type and province of location. The gradual opening of new programs in existing university-based faculties of dentistry is demonstrated — Dalhousie and Alberta, 1961; Manitoba, 1963; and British Columbia, 1968. The Canadian Armed Forces training school in Base Borden commenced in 1950. This Table also shows the marked shift from university-based programs to those in community colleges, especially in Quebec and Ontario during the mid-1970's. The most recent diploma program was started in 1979 at Wascana Institute in Regina to train dental therapists (or nurses) to function also as dental hygienists.

The number of degree-level dental hygiene programs is much more limited. The University de

Montréal offered the first baccalaureate program in dental hygiene, graduating its first class in 1975. Having prepared a pool of graduates to teach in the CEGEP (community college) programs, this baccalaureate program was replaced in 1979 by a certificate program leading to a degree. The University of Toronto program initiated a two-year post-diploma baccalaureate program the same year it discontinued its two-year diploma program. Although the number of graduates of these programs is relatively small, the proportion of Canadian hygienists pursuing further post-secondary education is reported to be fairly high — 42 percent in 1979 reported taking courses.² This suggests an interest in further education, although the number who have actually attained a baccalaureate or higher degree is thought to be relatively small. Most hygienists surveyed by Lewis in 1979 reported no further credentials beyond the diploma level.²

While some dental hygienists may complete degree programs in other disciplines, it would appear that there are few programs designed specifically to prepare them to assume more extensive administrative, consultative, planning, and research responsibilities in the dental health field. The basic diploma program may well prepare hygienists for private dental practice and for staff-level public health positions. However, a recent survey conducted by the University of Manitoba in 1983 found that a majority of employers in educational, public health, institutional and other similar employment settings would require a baccalaureate degree as a minimum for full- and part-time teaching and senior or supervisory positions.¹⁰ If dental hygiene in Canada is to extend its role beyond the 'clinical practitioner' model, it appears



Andrée Hebert Brunelle, seated, instructs patient as Canada's first dental hygiene class observes.

that interested members of the profession will have to prepare themselves educationally for the challenge and the opportunity. Given the predictions for an excess of personnel, this expansion into other settings and roles may be necessary to ensure professional longevity as well as personal and professional satisfaction.

In addition to changes in the numbers, types, and locations of programs, changes have also occurred in the functions taught at the undergraduate level. Perhaps the most apparent is the availability of training in expanded functions. Starting in 1962 with the Canadian Forces Dental Services School which introduced 'restorative' functions, most programs now offer expanded-function training in one or more of restorative, orthodontic and periodontal functions and administration of local anaesthesia, either as part of the diploma curriculum or as an additional educational module.

Continuing education to assure competence and prevent obsolescence is essential for health professionals. Dental hygienists appear to be conscientious about this obligation. In 1979, 80 percent of practicing dental hygienists surveyed reported taking continuing education courses since graduation with the average number of courses taken in a two-year period being almost four.² To facilitate continued competence for hygienists who live at a distance from the usual dental hygiene educational centres, the CDHA has conducted a study of their needs and is developing a program of self-learning for this group.

Educational opportunities have increased across Canada. Evidence of continuing maturation will be reflected in an increase in numbers of hygienists educated beyond the diploma and baccalaureate levels and in an increase in numbers of programs offered to clinical practitioners to maintain competence.

Dental Hygiene Regulation

Occupational regulation is intended to ensure public safety by controlling both entry into and the practice of members within an occupation. While self-regulation is uncommon for newly established occupations, in time the regulatory structure and process may limit the potential effectiveness and efficiency of these service providers, particularly if they are regulated by another occupational group with whose interests they conflict.¹¹ An increase in numbers of these 'new' practitioners coupled with the development of well-defined standards (of education, licensure, and practice) usually leads to regulatory change, as for example has occurred with the intermediate level professions of physiotherapy, occupational therapy and speech pathology. The evolution of provincial legislation pertaining to dental hygiene has been traced earlier in this paper. The method of regulation merits attention at this time.

Dental hygiene is regulated at the provincial and territorial level of government. In all provinces except Alberta the dental hygienist is both registered and licensed. Legislative changes are pending in Alberta. In most provinces, dental hygiene is regulated under the provincial Dentistry Act. Self regulation for dental hygienists exists only in Quebec. The Corporation Professionnelle des Hygiénistes du Québec was established in 1975. Having the only self-regulating

body of dental hygienists in North America, Québec provides an excellent model for other jurisdictions to study. In the other provinces, only four dental boards have a dental hygienist member. A fifth has provision for the inclusion of a dental hygienist and a sixth accords non-voting observer status to two hygienists. The remaining three provinces have no hygienist included on the boards. A number of federal and provincial government commissions, since the early 1970's, have recommended that regulatory control of dental hygiene, presently accorded to the dental profession, be relinquished.^{12,13}

Regulations determine how dental hygienists practice and the services they can provide. Many studies conducted in Canada and elsewhere attest to the ability of hygienists to provide a broader range of services at an equal, if not greater, standard of quality.^{14,15} However, dental regulatory boards have been slow to respond to requests for an expanded role. Health planners and economists have described public advantages to be gained if dental hygienists were permitted to practise under less stringent supervision requirements.¹⁶ Supervision of dental hygienists has long been a major issue in most provinces. General or remote-site supervision is now possible only in Québec, Alberta, and British Columbia. The need for dental supervision has been questioned, particularly in the United States.⁵ Once a dentist has completed an overall diagnosis and treatment plan, the dental hygienist is considered competent to assume responsibility for the dental hygiene portion of the client services. This philosophy, which implies a more collaborative relationship between dentistry and dental hygiene, is unlikely to be reflected in regulation, considering the present structure of licensing boards and, in Québec, the influence of organized dentistry.

Yet another continuing regulatory concern has been the restriction of dental hygienists who wish to relocate to another province and find their credentials are not transferable. This lack of portability, a problem particularly for graduates of non-accredited community college programs, has been identified by the Canadian Dental Hygienists' Association and by provincial constituent associations since the early 1970's. Existing regulatory boards have yet to seek a feasible solution.

From this review, it appears that the regulation of dental hygiene has changed very little since the early 1950's and presents the greatest impediment to the dental hygiene profession today.

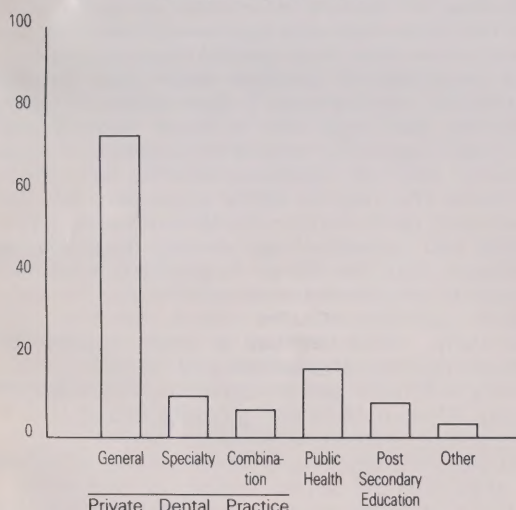
Dental Hygiene Practice

Dental hygiene practice can be described according to the procedures performed, the role played and the setting involved. Figure 1 illustrates the distribution of dental hygienists by setting.

The biennial survey of Canadian dental hygienists, conducted by Statistics Canada in conjunction with the Canadian Dental Hygienists' Association, shows that the majority (over 80 percent in 1983) of practitioners in Canada are employed in private dental practices functioning as clinical preventive therapists and performing a basic, traditional set of procedures.¹⁷ In public health settings, considerably more time is spent on dental health education; in post-secondary educational institutions, as expected, instruction of students is the major activity with somewhat more

administrative responsibilities than in other settings; and in the much smaller category of 'other' settings, dental research, consulting, administration and teaching activities are proportionately greater. The introduction of expanded duties appears to have had a limited impact on the nature of dental hygiene practice nationally, although it has modified it in those provinces where the various procedures were first introduced. The reason, in large part, is that projected manpower shortages did not occur and continued delegation of duties otherwise performed by dentists appears less attractive.

FIGURE 1
Distribution of Dental Hygienists in Canada
Employed in Dental Hygiene by Type of
Principal Employer, 1983



Source: Statistics Canada. Dental Hygiene Databank. Ottawa 1984.

Table 5 indicates a change in the distribution of dental hygienists by type of practice setting over a 16 year period. In 1965, 31 percent of dental hygienists were employed in public health. By 1981, this proportion had decreased to 10 percent whereas the proportions in private practice increased and in education remained relatively constant. This decrease in public health settings has contributed to the perception of dental hygienists as technically-oriented clinicians. However in recent years in provinces such as Québec and Alberta, the public and community health employment opportunities of dental hygienists have increased. Also a career structure has been developing — an incentive lacking in private practice settings. For example, we see position classifications at the staff, senior, supervisor, and consultant levels primarily in Alberta and Québec and for appropriately qualified dental hygienists. In addition, Health and Welfare Canada has offered a consultant-level position for a number of years.

Table 6 lists the traditional and emerging practice settings in Canada, as well as other types which are not yet evident. The CDHA and several external commissions have recommended the increased use of dental hygienists, not only in public health but also in institutional and other community settings. More

TABLE 5
Employment Status of Dental Hygienists in Canada
by Type of Practice Setting for Selected Years

Survey Year	Total No. Licensed Hygienists in Canada	% Working in Dental Hygiene	Type of Practice Setting			
			Private Practice	Public Health	Auxiliary Education	Other
1965	307	*	61.0%	31.0%	7.0%	*
1968	544	75.0	*	28.4%	*	*
1971	849	75.0	*	21.9%	*	*
1973	1117	76.0	74.0%	26.0%		
1975	1495	78.3	74.2%	16.1%	7.8%	1.9%
1977	2003	79.6	77.3%	13.3%	7.8%	1.6%
1981	3708	82.4	82.0%	9.6%	6.6%	1.8%

* Information not available.

Source:

Johnson, P.M. Dental Hygiene Practice Settings: Moving into the 1980's. Background report for the Working Group on the Practice of Dental Hygiene. Health and Welfare Canada. 1982.

recent reports of hygienists employed in other less traditional settings such as corporate and union dental clinics and in the dental product industry suggest that the dental hygiene profession is expanding its employment horizons.

Certain myths prevail about dental hygiene practice and attrition of the work force. Evidence from the Statistics Canada¹⁶ and the Lewis² surveys disprove many of these myths. For example, using the Lewis data we find that it is not true that dental hygienists leave the work force early. Of the 84 percent of hygienists licensed in Canada in 1979 who responded, 82 percent reported they were currently practising dental hygiene, with 70 percent of those aged 45 and over still practising. Another myth is that dental hygienists get married, have children, and retire. While there is a relationship between employment status and children, 60 percent of hygienists with dependent children are still active and of those not working in 1979, 83 percent indicated it was temporary absence of one year or less. Yet another myth is that most dental hygienists work in several locations. In fact, 82 percent work in only one place of employment with Québec having the highest rate at 95 percent. It is also a fallacy that hygienists work only part-time. Almost 80 percent worked four days or more in 1979.

Dental hygiene in Canada has become a stable profession with a trend to private dental practice employment. This trend may change if legislation regarding supervision and increased availability of program funding permit the development of alternative practice settings, assuming dental hygienists are appropriately qualified to undertake a broader role in the health service system.

Professional Organization

An indicator of professional maturation is the degree of organization among the members for the purpose of seeking common goals. The Canadian Dental Hygienists' Association/L'Association Canadienne des Hygiénistes Dentaires is the official organization of dental hygienists in Canada. It is comprised of ten constituent groups and represents

TABLE 6
Traditional and Emerging Dental Hygiene
Practice Settings in Canada
Ranked by Frequency

Types of Practice Settings		
Traditional Settings	Emerging Settings	Not Evident in Canada
1. Private Dental Practice a) General b) Specialty i. periodontics ii. orthodontics iii. paedodontics iv. other c) Combinations of a & b	1. Alternate Private Dental Practice Organizations a) multi-location group practices b) department store locations c) oral hygiene clinics	1. Community Health Centres, eg. HMO's and HSO's 2. Oral Hygiene Clinics 3. Dental Hygiene Practices a) Independent Contractor b) Dentist-affiliated Practitioner c) Independent Practitioner
2. Public Health (federal, provincial and municipal)	2. Institutions other than hospitals, ie, correctional institution	
3. Post-secondary Education Institutions	3. Community settings other than schools ie, home for senior citizens	
4. Armed Forces	4. Dental Industry	
5. Hospitals	5. Union and corporate dental health clinics for members and employees 6. Institutions offering opportunities for research	

Source: Johnson, P.M., Dental Hygiene Practice Settings: Moving into the 1980's. Background Report prepared for the Working Group on the Practice of Dental Hygiene. Health and Welfare Canada, 1982

dental hygienists in the provinces and the territories.

The goals and objectives of the CDHA, developed by representatives of hygienists in every province of this country and stated in our constitution, represent values shared by dental hygienists both across Canada and worldwide.

Returning to our theme — the past 20 years of dental hygiene, and using information from the Association's archives, the critical first years in the development of the CDHA can be traced. (See Table 7). Following a period of preliminary discussion, the CDHA was founded in May 1963 in Toronto. The first elected officers were Mai Pohlak and Bunny Armstrong Blaser as acting president and secretary. The following year — 1964, the first Annual Meeting and Convention were held in Edmonton. At this meeting, representatives from the four founding associations, from Alberta, Manitoba, Ontario and Nova Scotia, started to draft an official constitution. Membership at this time totalled 94-82 active and 12 junior members from the then four Canadian programs at the Universities of Toronto, Dalhousie, Alberta and Manitoba. The next year's meeting, held in Québec City in 1965, was of particular importance, the CDHA was officially constituted. Following the formation of a Board of Directors, comprised of the executives and delegates from each of the four member provinces, the constitution was approved. Membership in this year increased by 22 to a total of 116. Gradually over the years, with a great deal of effort and enthusiasm on the part of early members, the national network grew. The commitment of

TABLE 7
Highlights of the First Years in the History
of the Canadian Dental Hygienists' Association

Date	Event	Location	Total Members
1962	Preliminary discussion with U. of T. dental hygiene alumnae association		
1963	CDHA/ACHD founded in May with Mai Pohlak and Bunny Blaser as Acting President and Secretary	Toronto	
1964	First convention held in June. Constitution drafted by Alberta, Manitoba, Ontario and Nova Scotia, the founding associations	Alberta	94
1965	Board of Directors appointed: Constitution adopted	Quebec	116
1966	Annual Meeting and Convention	Halifax	186
1967	British Columbia becomes 5th constituent association: Journal begins publication		275
1968	Brief presented to federal "Wells Committee"		320
1970	Saskatchewan is 6th constituent association		490
1972	Québec and Prince Edward Island join		721
1973	10th Anniversary of CDHA/ACHD. Search Committee for CDHA headquarters is struck	Vancouver	830

Source: Canadian Dental Hygienists' Association. Association Archives, Ottawa.

provincial organizations, though few in numbers and with limited financial resources, was quite remarkable. After the initial four founding members, in order of joining, came British Columbia, 1967; Saskatchewan, 1970; Québec and Prince Edward Island, 1972; New Brunswick, 1974; and Newfoundland, 1978. Dental hygiene in Canada now had a national voice. (Dental hygienists in the Territories at this time belong to CDHA/ACHD as individuals.)

This voice, united but relatively youthful, was beginning to be raised in response to a number of external factors (see Table 8). Whereas previously, conferences and commissions concerned with matters pertinent to dental hygiene had lacked input from this profession, now there was an organization to be consulted. In 1968 the fledgling association issued its first policy statement — in support of communal water fluoridation; an auspicious beginning. In October of that same year, CDHA submitted a brief to the federal Ad Hoc Committee of Dental Auxiliaries, also known as the "Wells Committee", outlining the Association's recommendations for the education, regulation, and practice of dental hygiene and for the improvement of dental health service delivery. In subsequent years more policy statements were prepared on topics related to dental hygiene and to public health and presentations made to groups such as the Health Services Review (Hall Commission), the Federal Department of Employment and Immigration (regarding unemployment insurance for part-time workers), and the National Health Manpower Committee.

Starting in 1969, the Canadian Dental Association invited the CDHA to send observers to their Board of Governors Meetings plus representatives to a number of councils and committees which were very

TABLE 8

Selected Events in CDHA's History:
Interaction with External Agencies and Organizations

Date	Event	CDHA Role or Action
1968	Ad Hoc Committee on Dental Auxiliaries (Wells Committee) Policy Statement endorsing fluoridation issued	Brief Statement
1969	National Health Manpower Conference CDA Board of Governors and Education Committee	Participant Observer
1970	Response to Report of Ad Hoc Committee International Liaison Committee on Dental Hygiene founded	Brief Member
1974	CDA Conference on Dental Auxiliaries, Banff	Participant
1977	Dental Hygiene Section, ACFD	
1979	Canada hosts 7th International Symposium on Dental Health	Host
1980	Health Services Review 1979 (Hall Commission) Federal investigation of part time workers' status	Brief Brief
1981	Working Group on the Practice of Dental Hygiene Conference on Dental Hygiene Research (Winnipeg)	Member Sponsor

Source: Canadian Dental Hygienists' Association. Association Archives, Ottawa.

influential to the development of dental hygiene. In later years this representation became voting membership — a status temporarily revoked in the early 1980's when CDHA adopted a more assertive stance with respect to its future. In 1974 the CDA sponsored the Conference on Dental Auxiliaries in Banff. CDHA representatives were involved in its organization and a dental hygienist, Joan Conklin, was one of the keynote speakers.

The CDHA also established formal ties with other organizations. In 1970 the International Liaison Committee on Dental Hygiene was founded by representatives of the associations from seven countries, including Canada. Biennial symposiums were held and in 1979, CDHA sponsored the 7th International Symposium on Dental Hygiene in Vancouver. It was the first such symposium held in North America and had the largest registration to that time — over 600 persons from 134 countries attended. Currently Jo Gardner of the CDHA is Secretary-Treasurer of the International Liaison Committee and she and I both serve as CDHA delegates. We are currently preparing for the next meeting to be held in Oslo concurrent with the next Symposium in June of 1986. On the home front, the Statistics Canada Dental Hygiene data bank has been established since 1976 and, with the cooperation of CDHA, conducts biennial surveys which remain to this day our most reliable source of longitudinal data on dental hygiene in Canada. In 1981 the Working Group on the Practice of Dental Hygiene was formed by Health and Welfare Canada. CDHA was asked to recommend individuals for membership to this group which is now comprised of 8 dental hygienists and 6 dentists and is chaired by a dental hygienist, Marnie Forgay. In 1982 the CDHA was a major sponsor for North America's first Research Conference on Dental Hygiene, organized by the Working Group on the Practice of Dental Hygiene.

During the same period that the CDHA was developing a more public profile, it was also improving its operational effectiveness and increasing its service to members — who by 1984 totalled 2443. Permanent office space has been established in Ottawa under the direction of Carol Worobey as the current Executive Secretary. The Association Journal, first published in 1967, has developed into a very professional publication with four issues per year. Scholarships have been established. The CDHA has offered disability insurance since 1971 and has recently extended this to a broader range of group benefit plans.

One of the CDHA's continuing concerns is the need to increase the proportion of dental hygienists that it represents. This is essential if dental hygiene is to assume a proactive rather than a reactive stance determining its future role in the enhancement of dental health. While the total numbers of CDHA members has been increasing over the last 20 years, the proportion of Canadian hygienists who are members has been decreasing since the mid-1970's. Another concern is the development of a more active role for Québec dental hygienists. These colleagues have faced several challenges in recent years — the great increase in numbers of new graduates; the establishment of the Professional Corporation for self-regulation; and the expansion of dental hygiene in the community health setting. In responding to these challenges, they have set precedents in many areas. Having achieved a large measure of professional stability, it is to be hoped that more Québec hygienists will look to the national scene. To date there has not been a CDHA president from Québec.

In summary, maturation of the dental hygiene profession in Canada is demonstrated by changes in education and practice. It is also apparent in the development of a strong organization with a stable structure whose members share common objectives and undertake activities together to achieve these objectives.

References

1. Health and Welfare Canada. Draft report of the Working Group on the Practice of Dental Hygiene. Health Services and Promotion Branch, Ottawa, 1984.
2. Lewis, D.W. et al. Demographic and Employment Profile of Dental Hygienists in Canada 1979. Research Report No. 40. Faculty of Dentistry, University of Toronto, March 1981.
3. House, R.K., Johnson, G.C. and Edwards, F.A. Manpower Supply Study: Scenarios for the Future. Report of the Canadian Dental Association Manpower Study, 1982.
4. Lewis, D.W. Research into Dental Manpower in Ontario — A Summary of Concerns and Findings. Research Report No. 43. Faculty of Dentistry, University of Toronto, 1981.
5. Johnson, P.M. Dental Hygiene Practice Settings: Moving into the 1980's. Background Report prepared for the Working Group on the Practice of Dental Hygiene, Health and Welfare Canada, 1982.
6. Statistics Canada. The Health of Canadians: Report of the Canada Health Survey. Catalogue No. 82-538E. Ottawa 1981.
7. Bohannon, H.M. The impact of decreasing caries prevalence: implications for dental education. Journal of Dental Research 61 (Special Issue): 1369-1377, 1982.
8. Bawden, J.W. and DeFries, G.H. Planning for Dental Care on a Statewide Basis. Report of the North Carolina Dental Manpower Project. W.K. Kellogg Foundation, 1981.
9. Lussier, J.P., Former Dean, Faculty of Dentistry, University of Montreal Letter to the Working Group on the Practice of Dental Hygiene dated May 31, 1983.
10. Feller, S.J. and Forgay, M.G.E. Manpower demand and desired skills for degree graduates in dental hygiene. The Canadian Dental Hygienist 17(4): 96-101, 1983.
11. Scheffman, D.T. and Appelbaum, E. Social Regulation in Markets for Consumer Goods and Services. Toronto: University of Toronto Press, 1982.
12. Economic Council of Canada. Reforming Regulation. Report. Ottawa, 1981.
13. Ontario Committee on the Healing Arts. Report v. Regulation of the Healing Arts III, Ch. 25. Toronto: Queen's Printer, 1970.
14. Romcke, R.G. and Lewis, D.W. The Prince Edward Island Dental Manpower Study. Report of the NHG Project, 601-7-9. Charlottetown: P.E.I. Department of Health, 1977.
15. Lobene, R.R. The Forsythe Experiment: An Alternative System for Dental Care. Cambridge, Mass.: Harvard University Press, 1979.
16. Evans, R.G. and Williamson, M.F. Extending Canadian Health Insurance: Options for Pharmacare and Denticare. Toronto: University of Toronto Press, 1978.
17. Statistics Canada. Unpublished tabulations from the Dental Hygiene Data Bank — 1983 Survey. Health Manpower Branch, Ottawa, 1984.

alternatives

The Dental Hygiene Residency Program: A Novel Educational Experience

Christine Wooley, Dip.D.H.

In July 1983, a unique dental hygiene residency program was established at the Sir Mortimer B. Davis-Jewish General Hospital in Montreal in conjunction with the Department of Dental Hygiene at John Abbott College. This is the first program of its kind in Canada and only the second in North America; a dental hygiene residency having been established at the University of Pennsylvania approximately three years ago. Both programs are the forerunners of a new and higher educational process in the field of dental hygiene.

The overall goal of the program is to provide an opportunity for the dental hygiene resident to obtain advanced and varied clinical skills while providing oral health care to medically compromised patients in the hospital dental clinic and on the hospital wards. The program is designed to act as a stepping stone between the highly supervised dental hygiene school and the reality of dental hygiene practice.

The dental clinic has a director, two assistant directors, and 45 private practitioners who supervise all of the dental specialties. The general practice residency program affiliated with McGill University trains seven post-graduate students in comprehensive dentistry. The program set in a hospital milieu with rotations through different dental specialties, as well as hospital wards, allows the residents contact with diverse patient problems and extensive oral pathology.

Throughout the residency, the dental hygienist uses all of her technical skills licensed by the Quebec Professional Corporation of Dental Hygienists, such as taking preliminary impressions and radiographs, performing restorative procedures, and providing prophylaxis and oral hygiene instruction.

The types of patients vary greatly; therefore, it is necessary to be versatile in patient management. The patients are of all ages. Most are medically compromised, some are low-income people, and others come from various ethnic backgrounds. The dental hygienist must be able to relate to the many different types of people and motivate them to attain good oral hygiene.

The hygiene residency involves rotations on the wards of the hospital to provide oral health care to long term hospitalized patients. This includes the geriatric and psychiatric wards. Preparation for this type of work is accomplished through medical and dental lectures and seminars which are mandatory for all residents. These are divided into three

aspects; the first two months are oriented towards medicine, the next four involve all aspects of dentistry, and the following six months are devoted to a possible research project or table clinics associated with national or local conventions. These lectures increase the residents' knowledge of disease, allowing them to treat patients on multiple medications with a variety of diseases.

Along with the seven dentists who are also completing one year residency programs, the dental hygienist participates in a Journal Club. Each resident is responsible for critically reviewing several journal articles and presenting them to the group. There are also oral pathology seminars where each resident researches a specific topic.

The dental hygiene resident works with each resident dentist on a monthly rotation and any problems which arise with a particular patient are discussed by the residents and a decision is arrived at mutually. As part of this rotation the dentist is responsible for giving anesthesia when required and for verifying any pathologic lesions which the hygienist finds while performing intra and extra oral examinations.

This has proved to be a worthwhile experience for both the hygienist and the dentist, as recent graduate dentists are often unaware of the role that the dental hygienist is capable of performing. One of the important aspects of this program is to impress upon the dental residents the benefits of having a dental hygienist in a dental office. As well, the hygienist learns to collaborate with many dentists discovering the personality with which she can work best.

The dental hygiene resident is responsible for supervising the third year dental hygiene students from John Abbott College who rotate through the dental clinic twice a year. The students' first term visit involves observation, while the second term visit is set up as a clinical experience.

Lectures are given by the dental hygiene resident to expectant parents as a part of the pre-natal course given at the hospital. Lectures are also given to the geriatric nursing staff in the hospital and at other hospitals in the community. The psychiatric treatment team and the psychiatric patients each receive lectures on dental hygiene. As part of an outreach educational process, lectures are given to the regional Golden Age Association on care of the oral cavity and dental hygiene.

The 12 month residency program

begins on July 1st and terminates on June 30th of the following year. The dental hygiene resident is considered an employee of the hospital, and as such is eligible for many benefits. She receives an annual salary which is paid every two weeks, has one month paid vacation, and 14 statutory holidays.

Upon satisfactory completion of this one year residency program, the resident receives a diploma from John Abbott College which increases her scholastic standing by one year. This in turn would give her a two step increase in salary if she decides to work for the provincial government or teach dental hygiene.

Other benefits of this program involve the practical experience and development of technical skills, contact with various groups through lecturing, and the extension of personal growth and knowledge through research into geriatric, psychiatric, and pre-natal dental needs. Not only does the hospital library contain up-to-date journals, but the program provides the resident access to many knowledgeable people who are at the pinnacle of their profession. This one year residency program provides the resident in dental hygiene with an unparalleled experience to increase her skills and education beyond the confines of a private office.

It is hoped that in the future an increase in the number of dental hygiene residency programs will allow more of the recent graduates an opportunity to participate in post-graduate studies.

To be considered as a candidate for selection to the dental hygiene residency program, the applicant must:

1. Present evidence of having graduated (or approaching graduation) from a dental hygiene program accredited by the Canadian Dental Association.
2. Complete the application process which includes submission of required documents and information listed on the application form.
3. Submit a completed application by April 30th for the program starting on July 1st of that year.
4. Candidates under serious consideration for selection will be contacted for an interview. □

Application forms and additional information about the program can be obtained by writing to:

John Abbott College
Department of Dental Hygiene
Jocelyne Long, Chairperson
P. O. Box 2000
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SCHOOL OF DENTAL HYGIENE DIRECTOR

Applications or nominations are invited to fill the position of Director of the School of Dental Hygiene in the Faculty of Dentistry, University of Manitoba for a term of five years, commencing on or about July 1, 1985. In addition, this appointment carries with it a probationary appointment in the School of Dental Hygiene. Both women and men are encouraged to apply. In accordance with Canadian immigration requirements, this advertisement is directed to Canadian citizens and permanent residents.

In addition to their dental hygiene diploma, applicants should have a university degree and experience in dental hygiene education. Experience in academic administration would be an asset.

Responsibilities will include overall administration of the School of Dental Hygiene, curriculum development, staff appointments, coordination of staff development, student counselling, supervision of research activities within the School, participation on School, Faculty or University committees. Salary and academic rank commensurate with qualifications and experience.

Nominations or applications with current curriculum vitae and the names of three referees should be submitted prior to January 15, 1985 to:

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DIRECTOR SCHOOL OF DENTAL HYGIENE, FACULTY OF DENTISTRY, DALHOUSIE UNIVERSITY — The Faculty of Dentistry, Dalhousie University, Halifax, Nova Scotia, seeks an individual to fill the position of Director of the School of Dental Hygiene. This position is an academic and administrative position with the status of Department Chairman.

The successful candidate will be a dentist or dental hygienist with an established record in teaching and/or administration and qualifications to at least the Master's level.

Responsibilities include day-to-day management of a School of Dental Hygiene with 40 students in each year

and a faculty of six full-time and nine part-time as well as development of expanded duty programs in Restorative, Orthodontics, and Periodontics. Academic rank, salary and practice privileges are negotiable.

Dalhousie is an equal opportunity employer, but in accordance with Canadian immigration regulations this advertisement is directed to Canadian citizens and permanent residents.

This position is available as of July, 1985, or at such other time as is mutually agreeable. Apply to Chairperson, Search Committee for Director of School of Dental Hygiene, Faculty of Dentistry, Dalhousie University, Halifax, N.S. B3H 3J5.

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References: 1. Ostrom, C.A. et al., J Dent Res, 56(3):212-221, 1977. 2. Arends, J., ten Cate, J.M., J Cryst Gro, 53:135-147, 1981. 3. Silverstone, L.M., Caries Res, 11 (Suppl. 1):59-84, 1977. 4. Data on file at Procter & Gamble, Inc. 5. Mobley, M.J., J Dent Res, 60(12):1943-1948, 1981. For further information, please contact Crest Professional Services, P.O. Box 355, Station A, Toronto, Ontario M5W 1C5

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